

UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

**UNITED STATES OF AMERICA,**

**Plaintiff,**

**v.**

**COOK COUNTY, ILLINOIS;  
THOMAS DART, COOK COUNTY  
SHERIFF (in his official capacity);  
TONI PRECKWINKLE, COOK COUNTY  
BOARD PRESIDENT (in her official capacity);  
COOK COUNTY BOARD OF  
COMMISSIONERS (in their official capacity),**

**Defendants,**

**No. 10 C 2946**

**Judge Virginia Kendall**

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**Monitor Harry E. Grenawitzke's Report No. 8  
(Final Report 5/17/2014)**

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## Executive Summary

March 11-14, 2014

During the eighth tour of CCDOC, I reviewed policies, written procedures, and records, spoke with staff of the Department of Facilities Management, Cermak, Cook County Department of Corrections, contract service providers and inmates that serve as the basis for this report. This is the eighth assessment of ongoing progress made by the parties identified to comply with the consent agreement between the US Department of Justice Civil Rights Division and Cook County.

As in the past, there continues to be progress made to address the provisions. As a result of the documentation provided and reviewed, along with the facility tour and interviews, two more provisions were moved to substantial compliance. No provisions reverted from substantial compliance to partial compliance. Only two provisions remain partially compliant with the consent agreement. 37 of the 39 provisions are now or have been substantially compliant. Of those, 25 have remained in substantial compliance for 18 months or longer. They are:

C-53e, C-53f, F-71, F-72, F-73, F-74, F-77, F-78, F-70, F-80, F-82,  
G-83a, G-83c, G-83d, G-83e, G-83f, G-83i, G-83l, G-83m, G-83n,  
G-83o, G-84c, G-84d, G-85b, and G-85e.

Twelve provisions, while substantially compliant have not yet met the 18 month sustainability requirement. They are:

F-75, F-76, F-81, G-83g, G-83h, G-83j, G-84a, G-84b, G-84e, G85a,  
G85c and G85d

Two provisions remain partially compliant. They are: G-83b and G-83i. There are no provisions that are classified as non-compliant.

When reviewing the narrative, the provisions shaded green have maintained substantial compliance sustainability for 18 months or longer. Those shaded

yellow highlight substantial compliance but do not meet the 18 month sustainability. The two provisions not shaded are partially compliant.

Specific progress and Improvements include:

1. Significantly improved sanitation throughout all divisions. Specifically noted is the improved sanitation at Cermak.
2. The development and implementation and training of the Sanitation and Environmental Health Housekeeping Policy for Cermak.
3. The significant progress by the Department of Facilities Management to reduce the backlog of work orders particularly for plumbing and electrical issues.
4. The completion of the lighting fixture replacement and/or retrofit project to provide safe lighting and eliminate electrical sources for inmate caused fires.
5. The virtual elimination of inmate cooking in their cells with the installation of microwave ovens in the living units.
6. The completion and implementation of the clothing and linen exchange policy 24.11.3.0.
7. Revisions of the Inmate Razor Distribution General Order 24.11.7.0 and the Distribution of Inmate Basic Hygiene Supplies General Order 24.11.6.0.

Issues that remain to be addressed include:

1. Jail crowding. While at this tour the inmate population was lower than on previous tours, overcrowding continues to be a significant issue at Cermak Medical Facility. Cermak has not yet moved into Division VIII which was designed for them. As a result medically compromised inmates continue to sleep on portable cots, commonly referred to as "boats" on the floor. American Correction Association Performance

Based Standards states that Multiple –occupancy rooms/cells that house between two and 64 occupants provide at least 35 square feet of unencumbered space where confinement exceeds ten hours per day. In some multiple-occupancy rooms there were nine occupants providing approximately 10.5 square feet per person. This was observed in more than six rooms during this tour. There is an urgent need for Cermak to occupy the new Division VIII.

2. Several of the divisions currently housing inmates are outdated and extremely costly to maintain. A draft assessment has been completed. Planning needs to begin now to construct at least one new facility to replace one or more that are beyond their life expectancy.
3. The building initiative started in Division X needs to be completed for the remaining living units to improve plumbing issues and paint walls to eliminate soot caused by inmate fires.
4. The windows in Division XVII need to have broken glass repaired and glazed or replaced to assure adequate ventilation.

I again want to thank employees and leadership of CCDOC, DFM, and Cermak for their responsiveness to my many requests for policy changes, reports, and documentation to demonstrate implementation and sustainability of changes. The employees of all three organizations continue to be receptive to new ideas and alternatives to manage and resolve complex issues.

Sincerely,

*Harry F. Grenawitzke, RS, MPH, DAAS*

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
C.	<b>Medical Care</b>			
C. 53	<b>Treatment and Management of Communicable Disease</b>			
C. 53e	Cermak shall ensure that the negative pressure and ventilation systems function properly. Following CDC guidelines, Cermak shall test daily for rooms in-use and monthly for rooms not currently in-use. Cermak shall document results of such testing.	3/11	9/10	
		8/11	7/12	
		12/11		
		2/13		
		9/13		
		3/14		
C. 53f	Cermak shall notify DFM, in a timely manner, of routine and emergency maintenance needs, including plumbing, lighting and ventilation problems.	7/12	3/11	9/10
		2/13	8/11	
		9/13	12/11	
		3/14		
F.	<b>Fire and Life Safety</b>			
F. 71	CCDOC and DFM shall work together to develop and implement a fire safety program and ensure compliance is appropriately documented. The initial Fire Safety Plan shall be approved by the fire prevention authority having jurisdiction. The Fire Safety Plan shall be reviewed thereafter by the appropriate fire prevention authority at least every two years, or within six months of any revisions to the plan, whichever is sooner. Fire safety and emergency procedures shall be standardized across divisions, to the extent possible given differences in physical plant and security levels.	12/11	9/10	
		7/12	3/11	
		2/13	8/11	
		9/13		
		3/14		
F. 72	CCDOC shall develop and implement an evacuation plan for inmates and staff and ensure that comprehensive fire drills are conducted every three months on each shift. CCDOC shall document these	12/11	Not Assessed	
		7/12		

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
	drills, including start and stop times and the number and location of inmates who were moved as part of the drills.	2/13 9/13 3/14	9/10 3/11 8/11	
F. 73	DFM shall ensure that the Facility has adequate fire and life safety equipment, including installation and maintenance of fire alarms and smoke detectors in all housing areas according to applicable fire codes. Maintenance and storage areas shall be equipped with sprinklers or fire resistant enclosures in accordance with City of Chicago Fire Code (13-76-010).	7/12 2/13 9/13 3/14	9/10 3/11 8/11 12/11	
F. 74	DFM shall ensure that all fire and life safety equipment is properly maintained and routinely inspected. DFM shall develop and implement a program related to the testing, maintenance and inspection of the Life Safety Equipment.	3/11 8/11 12/11 7/12 2/13 9/13 3/14	9/10	
F. 75	CCDOC shall continue to ensure that emergency keys are appropriately marked and identifiable by touch and consistently stored in a quickly accessible location, and that staff are adequately trained in use of the emergency keys.	2/13 9/13 3/14	9/10 3/11 8/11 12/11 7/12	
F. 76	CCDOC shall ensure that staff are able to manually unlock all doors (without use of the manual override in the event of an emergency in which the manual override is broken), including in the event of a power outage or smoke buildup where visual examination of keys is	2/13 9/13	9/10 3/11	

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
	generally impossible. CCDOC shall conduct and document random audits to test staff proficiency in performing this task on all shifts, a minimum of three times per year. CCDOC shall conduct regular security inspections of all locking mechanisms. CCDOC shall communicate with DFM via the Work Order System regarding lock-related issues and maintenance.	3/14	8/11 12/11 7/12	
F. 77	DFM shall develop and implement an annual preventative maintenance program concerning security devices such as doors locks, fire and smoke barrier doors, and manual unlocking mechanisms to ensure these devices function properly in the event of an emergency.	3/11 8/11 12/11 7/12 2/13 9/13 3/14	Not Assessed 9/10	
F. 78	CCDOC shall implement competency-based testing for staff regarding fire and emergency procedures.	8/11 12/11 7/12 2/13 9/13 3/14	Not assessed 9/10 X3/11	
F. 79	CCDOC shall promptly notify DFM of all electrical hazards, including maintenance and repair of electrical outlets, devices, and exposed electrical wires.	7/12 2/13 9/13 3/14	9/10 3/11 8/11 12/11	

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
F. 80	DFM shall promptly repair all known electrical hazards, including maintenance and repair of electrical outlets, devices, and exposed electrical wires and will document repairs by the Work Order System.	3/11 8/11 12/11 7/12 2/13 9/13 3/14	9/10	
F. 81	CCDOC shall ensure that combustibles are controlled and eliminate highly flammable materials throughout the facility and inmate living areas (e.g., inmates 'use of paper bags as trash receptacles, ripped fire-retardant mattress covers, improvised cell light covers, blankets on cell floors, and improperly stored and labeled flammable liquids and other chemicals).	9/13 3/14	3/11 8/11 12/11 7/12 2/13	9/10
F. 82	CCDOC shall ensure that fire safety officers are trained in fire safety and have knowledge in basic housekeeping, emergency preparedness, basic applicable codes, and use of fire extinguishers and other emergency equipment.	7/12 2/13 9/13 3/14	Not Assessed 9/10 3/11 8/11	
<b>G</b>	<b>SANITATION AND ENVIRONMENTAL CONDITIONS</b>			
<b>G. 83</b>	Sanitation and Maintenance of Facilities			
G. 83a	DFM shall maintain an adequate written staffing plan and sufficient staffing levels to provide for adequate maintenance of the Facility.	8/11 12/11 7/12	9/10 3/11	

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
		2/13 9/13 4/14		
G. 83b	CCDOC shall revise and implement written housekeeping and sanitation plans to ensure the proper routine cleaning of housing, shower, and medical areas, in accordance with generally accepted correctional standards. Such policies should include oversight and supervision, including meaningful inspection processes and documentation, as well as establish routine cleaning requirements for toilets, showers, and housing units.		9/10 3/11 8/11 12/11 7/12 2/13 9/13 3/14	
G.83c	DFM shall implement a preventive maintenance plan to respond to routine and emergency maintenance needs, including ensuring that shower, toilet, and sink units are adequately maintained and installed.	3/11 8/11 2/11 7/12 2/13 9/13 3/14	9/10	
G. 83d	CCDOC shall notify DFM, in a timely manner, of routine and emergency maintenance needs, including plumbing, lighting, and ventilation problems.	7/12 2/13 9/13	8/11 12/11	9/10 3/11

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
		3/14		
G.83e	DFM shall ensure adequate ventilation throughout the Facility to ensure that inmates receive an adequate supply of air flow and reasonable levels of heating and cooling. DFM staff shall review and assess compliance with this requirement on a daily basis for automated systems and on an annual basis for non-automated systems.	3/11 /11 2/11 7/12 2/13 9/13 3/14	9/10	
G. 83f	CCDOC shall notify DFM of any visible obstructions to the ventilation system.	7/12 2/13 9/13 3/14	3/11 8/11 12/11	9/10
G. 83g	Cook County shall ensure adequate lighting in all inmate housing and work areas.	2/13 9/13 3/14	9/10 3/11 8/11 12/11 7/12	
G. 83h	CCDOC shall ensure adequate pest control throughout the housing units, medical units, RCDC, RTU, and food storage areas. CCDOC shall maintain a contract for professional exterminator services for each division, food services areas, and the Cermak hospital. Services should provide for routine pest control spraying and additional spraying as needed.	2/13 9/13 3/14	9/10 3/11 8/11 X12/11	

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
			X 7/12	
G. 83i	CCDOC shall ensure that all inmates have access to needed hygiene supplies.		Not Assessed 9/10 or 3/11 8/11 12/11 7/12 2/13 9/13 3/14	
G. 83j	CCDOC shall develop and implement policies and procedures for cleaning, handling, storing, and disposing of biohazardous materials, in accordance with generally accepted correction standards. CCDOC shall ensure that any inmate or staff utilized to clean a biohazardous area are properly trained in universal precautions, are outfitted with protective materials, and receive proper supervision when cleaning a biohazardous area.	2/13 9/13 3/14	Not Assessed 9/10 3/11 8/11 12/11 7/12	
G. 83k	DFM shall develop a policy on hazardous materials, in accordance with generally accepted correctional standards, and insure that all DFM staff is properly trained on the procedure.	7/12 2/13 9/13	8/11 12/11	9/10 3/11

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
		3/14		
G. 83l	CCDOC shall provide and ensure the use of cleaning chemicals that sufficiently destroy the pathogens and organisms in biohazard spills.	8/11 12/11 7/12 2/13 9/13 3/14	Not Assessed 9/10 3/11	
G. 83m	CCDOC shall inspect and replace as often as needed all frayed and cracked mattresses. CCDOC shall destroy any mattress that cannot be sanitized sufficiently to kill any possible bacteria. CCDOC shall ensure that mattresses are properly sanitized between uses.	8/11 2/11 7/12 2/13 9/13	3/11	9/10
G. 83n	CCDOC shall ensure adequate control and observation of all housing units, including distribution and collection of razors and cleaning supplies. All cleaning tools and hazardous chemical shall be removed from housing areas after use.	8/11 12/11 7/12 2/13 9/13 3/14	9/10 3/11	
G. 83o	CCDOC shall ensure that Facility sanitarians receive training from a relevant state, national, or professional association with emphasis on assessment of environmental health practices and emerging environmental issues in correctional settings. Facility sanitarians	12/11 7/12	9/10 3/11	

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
	should also have training on and access to testing equipment to ensure sanitary conditions.	2/13 9/13 3/14	8/11	
<b>G. 84</b>	<b>Sanitary Laundry Procedures</b>			
G. 84a	CCDOC shall develop and implement policies and procedures for laundry procedures to protect inmates from risk of exposure to communicable disease, in accordance with generally accepted correctional standards. To limit the spread of communicable disease, CCDOC shall ensure that clothing and linens returned from off-site laundry facility are clean, sanitized, and dry.	8/11 12/11 7/12 2/13 9/13 3/14	9/10 3/11	
G. 84b	CCDOC shall ensure that inmates are provided adequate clean clothing, underclothing and bedding, consistent with generally accepted correctional standards, and that the laundry exchange schedule provides consistent distribution and pickup service to all housing areas.	3/14	3/11 8/11 12/11 7/12 2/13 9/13	9/10
G. 84c	CCDOC shall train staff and educate inmates regarding laundry sanitation policies.	3/14	8/11 12/11 7/12 2/13 9/13	9/10 3/11

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
G. 84d	CCDOC shall ensure that laundry delivery procedures protect inmates from exposure to communicable diseases by preventing clean laundry from coming into contact with dirty laundry or contaminated surfaces.	12/11 7/12 2/13 9/13 3/14	9/10 3/11 8/11	
G. 84e	CCDOC shall require inmates to provide all clothing and linens for laundering and prohibit inmates from washing and drying laundry outside the formal procedures.  (* In the Monitor Report #V dated July 20, 2012; this provision was inadvertently recorded "substantial compliance." The provision should have been recorded "partial compliance.")	9/13 3/14	9/10 3/11 8/11 12/11 7/12* 2/13	
G. 85	<b>Food Service</b>			
G. 85a	CCDOC shall ensure that all food service at the Facility is operated in a safe and hygienic manner and that foods are served and maintained at safe temperatures.	9/13 3/14	3/11 8/11 12/11 7/12 2/13	9/10
G. 85b	CCDOC shall ensure that all food service staff, including inmate staff, must be trained in food service operations, safe food handling procedures, and appropriate sanitation.	7/12 2/13 9/13	9/10 3/11 8/11	

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
		3/14	12/11	
G. 85c	CCDOC shall ensure that the Central Kitchen and Division XI kitchen are staffed with a sufficient number of appropriately supervised and trained personnel.	2/13 9/13 3/14	9/10 3/11 8/11 12/11 7/12	
G. 85d	CCDOC shall ensure that dishes and utensils, food preparation and storage areas, and vehicles and containers used to transport food are appropriately cleaned and sanitized.	2/13 9/13 3/14	9/10 3/11 8/11 12/11 7/12	
G. 85e	CCDOC shall check and record, on a regular basis, the temperatures in the refrigerators, coolers, walk-in-refrigerators, the dishwasher water, and all other kitchen equipment with temperature monitors to ensure proper maintenance of food service equipment.	7/12 2/13 9/13 3/14	9/10 3/11 8/11 12/11	

**STATUS REPORT**

**DATE OF STATUS REPORT: 3/14/14**

**PROVISION: C. MEDICAL CARE**

**53. Treatment and Management of Communicable Disease**

e. Cermak shall ensure that the negative pressure and ventilation systems function properly. Following CDC guidelines, Cermak shall test daily for rooms in-use and monthly for rooms not currently in-use. Cermak shall document results of such testing.

**March, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

Since July, 2012 the Department of Facilities Management (DFM) continues to monitor and document the 18 negative pressure isolation cells at Cermak, along with the enunciator panel in once each shift. A work order is submitted and appropriate corrective action taken when monitoring demonstrates non-compliance. Occupational and Environmental Hygiene Services at the Great Lakes Center for Occupational and Environmental Safety and Health at the University of Illinois, Chicago, conducts a full testing of the ventilation system annually. Copies of those reports are provided to the Chief Medical Officer of Cermak.

**Monitor's Assessment:** As in past tours, I verified that the DFM monitoring program was continuing for the isolation cells. The pressure testing by DFM is included on their Preventative Maintenance Schedule. The checks are documented in logs maintained by DFM. At the time of the tour no inmate patients were housed in the isolation cells.

**Monitor's Recommendations:**

1. No further recommendations. This provision continues to be in substantial compliance.

**PROVISION: C. MEDICAL CARE**

**53. Treatment and Management of Communicable Disease**

f. Cermak shall notify DFM, in a timely manner, of routine and emergency maintenance needs including plumbing, lighting and ventilation problems.

**March, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

Cermak continues to submit work orders through the "Facility Wizard" work order system utilized by Department of Facilities Management for all emergency and routine repairs as well as scheduled maintenance. Cermak's Environmental Services Director or Assistant Director of Plant Operations/Environmental Services submits all work order requests to DFM electronically. They have the capability at any time to monitor the status of work order.

**Monitor's Assessment:** Describe the monitor's assessment of the status and documentation for the compliance status.

There has been no change since the previous visit. The interface for "Facility Wizard" system that allows Cermak to access information functions effectively since its inception in April, 2012. Cermak now tracks outstanding work orders through the online database. As a result, this provision continues to be in "Substantial Compliance" with Consent Agreement.

**Monitor's Recommendations:**

1. No further recommendations. This provision continues to be in substantial compliance

**PROVISION: F. FIRE AND LIFE SAFETY**

7.1 CCDOC and DFM shall work together to develop and implement a fire safety program and ensure compliance is appropriately documented. The initial Fire Safety Plan shall be approved by the fire prevention authority having jurisdiction. The Fire Safety Plan shall be reviewed thereafter by the appropriate fire prevention authority at least every two years, or within six months of any revisions to the plan, whichever is sooner. Fire safety and emergency procedures shall be standardized across divisions, to the extent possible given differences in physical plant and security levels.

**March, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

The Interagency Committee consisting of the Directors of CCDOC, DFM, and Cermak created the Fire Safety Committee (FSC) in August, 2010. They meet monthly to review and assess the fire safety and prevention systems and make improvements to it. The program is well documented in accordance with the provisions of the consent agreement. The Fire Safety committee consists of representatives from the Office of the Sheriff, Department of Corrections, Cermak Health Services, and the Department of Facilities Management. Each division within CCDOC has a documented "Fire Safety and Emergency Plan" which includes the procedure to follow in case of a fire and a detailed emergency evacuation procedure. These plans have been reviewed by the City of Chicago Fire Department. The Chicago Fire Department in correspondence dated Dec. 24, 2013 has accepted the CCDOC Fire Evacuation and Emergency plans and the General Orders as written. Further the City of Chicago, at least annually completes an inspection of CCDOC. They have found either full compliance with previously identified violations or that they were in the process of being corrected. Currently a fire prevention inspector from the Chicago Bureau of Fire Prevention visits the complex to advise personnel of fire safety issues. Scheduled, unannounced fire drills are conducted regularly on all shifts for all divisions. When available, an inspector from the Fire Prevention Bureau, along with the responding fire station firefighters participates as part of their response training.

CCDOC, DFM, and Cermak issued the Interagency Directive, 64.5.30.0, effective date of August 22, 2011 that establishes the policy and procedures for Fire Safety Plans, fire emergency response, and evacuations within CCDOC. The Directive establishes the respective roles and responsibilities for CCDOC, Cermak, and DFM relating to Fire Safety Plans, emergencies and evacuations. CCDOC has a designated fire safety administrator and fire safety officer position and each division has designated trained safety officers assigned for each shift including weekends and holidays. Supervisor training on Fire Safety is offered every other month. Correction Officer Fire Safety Training is offered weekly at the Moraine Valley Community College. The classes are taught by Deputy Director Cook County Sheriff's Office, Training Institute, who also chairs the interagency Fire Safety Committee. The Fire Safety Interagency Agreement requires divisional Safety Officers to conduct weekly fire safety inspections of all housing, administrative, medical clinics, storerooms, maintenance rooms, classrooms, and common areas within their respective divisions and that fire drills be conducted quarterly on each shift in all divisions. CCDOC General Order 24.11.1.0 is being revised to require these inspections.

**Monitor's Assessment:**

Since its inception, I have continued to receive and review the summaries of the meetings of the Interagency Fire Safety Committee. I have also reviewed and provided comments to the committee on the initial draft Fire Safety Plan. The Interagency Directive continues to be in effect. Since October, 2011 drills continue to be conducted throughout the entire complex more frequently than required in the Interagency Directive. There is a post drill written report and formal review of every drill with participants. CCDOC develops the fire drill schedule for each division and the written drill report is reviewed by the Committee to identify additional training needs.

In March, 2013, the Chicago Fire Department completed and gave occupancy permission for the new RCDC, Division VIII.

Since April, 2013 the Fire Safety Committee, along with the CCDOC Director and division superintendents now monitor and investigate all fires from divisions and provide a written assessment. This includes the so called "cooking" fires started by inmates. Inmate "cooking" in cells formerly was a common occurrence in most divisions housing male inmates. With enhanced enforcement in housing units and the implementation of a microwave oven incentive program, fires caused by inmate cooking has been virtually eliminated throughout the complex. For example in February there was only one fire and smoke event throughout the complex. That was in Division IX, which houses higher classification inmates who have little regard for rules. Commissary items that could be "cooked" are no longer available where microwaves are not provided. As a result, fires are now a rare occurrence rather than a routine acceptable practice.

Each division has at least one designated trained safety officer on duty on all shifts. The Fire Safety Committee conducted three Safety Officer Training classes for 45 new safety officers during 2013.

In Division VIII floor number have been added to the emergency evacuation routes, as the floor plan of the upper floors are virtually identical.

As Interagency Directive 64.5.30.0, Fire Safety, Fire Emergency, and Fire Evacuation Interagency Directive has been in effect since August, 2011, it is currently under revision as required in the directive. It needs to be updated to reflect changes including the new Division VIII emergency procedures. General Order 24.11.1.0 also is being revised.

While there will always be recommendations to continue improving the fire safety and prevention system, the provision continues to be in substantial compliance.

**Monitor's Recommendations:**

1. Continue the fire safety training for all correction officers. Assure that correction officers assigned to a specific division understand the fire safety plan for that division and are able to demonstrate through drills effective implementation of it during an emergency.
2. Complete the formal review of the Interagency Directive for Fire Safety, Fire Emergency, and Fire Evacuation 64.5.30.0 and General Order 24.11.1.0 and make changes as necessary to assure that they reflect current operations, regulations, and practice. The review needs to be completed at least every two years in accordance with the consent agreement.
3. Continue the unannounced fire drills on all shifts as planned, along with the review of each drill completed by the CCDOC Safety Administrator. Document all corrective actions taken for any identified non-conformances. The Interagency Fire Safety Committee should also review quarterly results of fire drills and make adjustments to the Safety Plan as necessary.

72. CCDOC shall develop and implement an evacuation plan for inmates and staff and ensure that comprehensive fire drills are conducted every three months on each shift. CCDOC shall document these drills, including start and stop times and the number and location of inmates who were moved as part of the drills.

**March, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

Based on the correspondence referenced in Provision 71 above, division specific Fire Safety and Emergency Plans that include detailed evacuation plans are complete and have been reviewed by the Chicago Fire Department. The Interagency Fire Safety Committee that meets monthly reviews these plans, along with the division safety officers to assure they remain current. In addition to the division safety officers, CCDOC has created "Administrative Relief Teams (ART). ARTs are correction officers that can be assigned to any division when staff shortages occur. The Fire Safety Committee has implemented a division specific fire evacuation and emergency key egress box training program to assure that when ARTs are assigned to a specific division, they are adequately trained in that division's emergency egress key location, response and evacuation procedures.

CCDOC is currently conducts one fire drill per month on each shift that includes the movement of inmates for each division. Extinguishers are brought to the drill locations. While the consent agreement is not clear as to whether the drill frequency is for the entire complex or within each division, the Fire Safety Committee's intent is that all divisions are drilled 12 times annually over all three shifts. Written reports are completed and reviewed for non-conformities and corrective action taken including retraining following the drills. This provision is substantially compliant.

**Monitor's Assessment:**

I did not witness any fire drills during the tour. However, the Fire Safety Administrator provided a copy of the fire drill schedule and copies of the drill reports for each division. The Fire Safety Officer reviews the drills and the results are discussed during meeting of the fire safety committee. I did review a report summary of drills and those reports demonstrate conformance with policy and emergency procedures specific to the division. The summaries continue to demonstrate the effectiveness of the training provided to officers.

**Monitor's Recommendations:**

1. Continue fire drills on the monthly schedule for each shift and division with documentation that follows the agreed order. Maintain an updated record showing the last date any housing unit has conducted a fire drill to be able to demonstrate that drills are reasonable being spread throughout each Division.
2. Maintain and provide me with a list of dates and locations of all fire drills completed for 2014, and provide me a summary of the quarterly assessments that include recommendations for improvements in the applicable policies, procedures and for both initial and refresher training prior to the September, 2014.
3. Assure through fire safety/sanitation inspections that all emergency flashlights are functioning and batteries fully charged.

73. DFM shall ensure that the Facility has adequate fire and life safety equipment, including installation and maintenance of fire alarms and smoke detectors in all housing areas according to applicable fire codes. Maintenance and storage areas shall be equipped with sprinklers or fire-resistant enclosures in accordance with City of Chicago Fire Code (13-7-6-010).

**SEPTEMBER, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

The Department of Facilities Management (DFM) has the responsibility to provide and maintain all fire and life safety equipment within the CCDOC complex. All housing areas, kitchens, maintenance facilities etc. are provided with functioning fire extinguishers, fire alarms and smoke detectors in accordance with the City of Chicago Fire Code. Testing and maintenance is conducted annually on all fire and life safety

equipment by a locally licensed company under contract with DFM. DFM maintains a register (log) identifying the location all applicable fire and life safety equipment including fire alarms, smoke detectors, fire extinguishers, fire panels, emergency key egress boxes, flammable cabinets, and a division specific chemical inventory list throughout the complex. They have installed fire resistant cabinets for flammable chemicals in all maintenance shops where they are stored. DFM has implemented Policy (09-03-04) for safe and effective storage of all hazardous materials. The Chicago Fire Department has assessed the placement of flammable cabinet locations and although they will not provide a written acceptance as described in Provision 71 above, their representative stated that the storage locations were acceptable.

DFM maintains a binder sorted by division and by floor that show through color codes the location of all maintenance shops, mechanical rooms, closets, stairwells, plumbing chases, fire panels, and emergency key egress boxes. A copy of the binder is provided to the Chicago Fire Department, is readily accessible and provided to each division's designated safety officer, and the CCDOC Fire Safety Officer. DFM participates and provides updates of issues and changes at the Fire Safety Committee meetings.

**Monitor's Assessment:**

DFM maintains an up-to-date register of all fire safety and emergency devices including alarms, extinguishers, strobes, pull stations, and extinguishers for each division. I reviewed the binder described above and found it to be well organized and a valuable tool in case of an emergency. Each division's safety officer maintains a copy of their division's floor plan and inventory book. Engineering Security & Sound Inc. and Door Systems Inc. have completed the 2013 fire alarm testing and annual fire door inspections for CCDOC as required by the City of Chicago and overseen by DFM. The 2014 testing is scheduled, but had not been completed as of this tour.

During the tour I assessed the fire resistant storage cabinet in the plumbing shop and found it to be organized and the inventory maintained reflected the actual contents as prescribed in DFM's policy

This provision continues to in substantial compliance with the consent agreement.

**Monitor's Recommendations:**

1. No further recommendations.

74. DFM shall ensure that all fire and life safety equipment is properly maintained and routinely inspected. DFM shall develop and implement a program related to the testing, maintenance and inspection of the Life Safety Equipment.

**March, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

Facilities Management continues to implement their policy #10-01-01, "Required Testing, Inspection, and Maintenance of Life Safety Systems." This policy and procedure outline required testing in accordance with NFPA requirements. It includes weekly and monthly generator testing, monthly fire department connections inspection, monthly fire pump churn testing, monthly fire extinguisher inspection, annual fire pump testing, annual fire alarm testing, annual main drain testing, and annual elevator testing. Included in the policy is the requirement for documented corrective action when non-conformities are identified. Required testing, inspection, and maintenance for all life safety systems are scheduled and maintained through the "Facility Wizard" work order system as part of the preventative maintenance program.

The fire extinguisher contractor has completed bar coding for all extinguishers currently under contract. This will make servicing them more efficient and effective knowing the dates when annual and six year testing is required. DFM has put out bids to purchase bar codes readers to record and monitor when the fire extinguishers are checked.

**Monitor's Assessment:**

I did not find any issues during this tour. All fire extinguishers I checked throughout the complex had been inspected for March, 2014 and the tags updated as required.

**Monitor's Recommendations:**

1. No further recommendations at this time.

**75.** CCDOC shall continue to ensure that emergency keys are appropriately marked and identifiable by touch and consistently stored in a quickly accessible location, and that staff are adequately trained in use of the emergency keys.

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

The Security and Key Control Interagency Directive was issued effective January 1, 2012. It requires that each Division have a "red" emergency key access box located in the control room. That box contains the key that opens a second box containing all emergency keys for all housing unit doors. The key box is locked and has a security seal that has to be broken to gain access. The policy further requires that any time the seal is broken, including during an emergency, the Watch Commander be notified, an incident report written, and a work order submitted requiring the DFM locksmith to reseal the box.

All emergency egress keys are color coded and have a two inch glow stick attached to the key ring. Restricted keys are those specifically assigned to designated personnel with the authority of the respective division superintendent or DFM's Deputy Director/OEIV. These keys are color coded differently than the egress keys. General keys are specifically designated keys for everyday use including the library, classrooms, recreation rooms, etc., and are also color coded. Emergency access keys for all

DFM maintenance shops and mechanical rooms and closets are maintained in the Superintendent's office of Division XI. Emergency access keys for DFM shops for Divisions I, II, III, IV and V are housed in the Superintendent's office in Division V. Emergency keys for Divisions VI, IX, X and the new VIII are housed in the Superintendent's office in Division IX. Division XI will continue to maintain the keys for maintenance shops located there.

**Monitor's Assessment:**

In monitoring emergency key boxes on this tour I found all emergency key rings were equipped with glow sticks as required. When asked, officers in control rooms correctly explained the emergency key access procedure. Training is being provided, as discussed earlier for Administrative Relief Teams (ARTs) on emergency key access procedure. This was identified as a weakness in the system during the previous tour.

**Monitor's Recommendations:**

1. With Division V, currently closed to inmates, consider relocating the DFM emergency key box to a more central area that is readily accessible in case of an emergency.
2. DFM needs to include a minimum of quarterly testing to assure accessibility of DFM emergency boxes.

**76.** CCDOC shall ensure that staff are able to manually unlock all doors (without use of the manual override in the event of an emergency in which the manual override is broken), including in the event of a power outage or smoke buildup where visual examination of keys is generally impossible. CCDOC shall conduct and document random audits to test staff proficiency in performing this task on all shifts, at a minimum of three times per year. CCDOC shall conduct regular security inspections of all locking mechanisms. CCDOC shall communicate with DFM via the Work Order System regarding lock-related issues and maintenance

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

Emergency keys for each division are stored in a secure control room. All keys have been equipped with glow sticks that to allow staff to easily identify a specific key in the case where vision is impaired because of smoke or fire. The Fire Safety Committee explained that on every shift, the officer assigned to the unit or tier inspects all locking mechanisms and reports any issues through the DFM work order system. The Fire Safety Committee has implemented an "Egress Key Exercise for each Division on all shifts by all personnel. Egress key accessibility and process are also included as part of the routine unannounced fire drills as described above.

**Monitor's Assessment:**

During this visit, I did not test officers on the use of emergency keys. However, in assessing emergency keys in Division X, and reviewing fire drill reports for each division and meeting summaries of the Fire Safety Committee meeting am confident that officers are able to manually access all doors. Further, training of Administrative Relief Teams is being completed.

**Monitor's Recommendations:**

1. Continue testing the egress key exercise for all divisions during fire drills.
2. Complete training of relief teams.
3. Provide evidence that the testing of door locks and what to do if a lock fails is included on the correction officer's training syllabus.

77. DFM shall develop and implement an annual preventative maintenance program concerning security devices such as doors locks, fire and smoke barrier doors, and manual unlocking mechanisms to ensure these devices function properly in the event of an emergency.

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

The annual inspection of door locks, fire and smoke barrier doors, and manual unlocking mechanisms is included on the "Facility Wizard" work order system as a standing order. DFM has a three-year contract with a local company to conduct those inspections. The annual inspections are completed by the same contractor that inspects smoke detectors, fire alarms, and smoke detectors.

**Monitor's Assessment:**

Between June and August, Door Systems Inc. completed its 2013 annual inspection of all door locks, fire and smoke barrier doors, and manual unlocking mechanisms through the same outside vendor that inspected smoke detectors, fire alarms and smoke detectors. The 2014 inspection will be completed as last year from June through August. I will continue to monitor compliance with this provision.

**Monitor's Recommendations:**

1. Continue the monitoring program as scheduled.
2. No further recommendations.

78. CCDOC shall implement competency-based testing for staff regarding fire and emergency procedures.

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

CCDOC through the Interagency Fire Safety Committee has implemented the competency based safety officer proficiency examination. It is given to all safety officers. They have also completed training for divisional supervisors and shift commanders. The test is based on the Interagency Directive for Fire Safety, Emergency, and Evacuation and CCDOC General Order 24.11.1.0. There are currently two versions of the test that can be alternated between classes or trainings. The Directive specifically requires fire safety orientation for correction officers during the annual training program in accordance with the current CCDOC General Order. CCDOC has issued the division specific Orientation Handbook. It is the responsibility for all CCDOC staff to fully understand expectations and responsibilities for a variety of fire safety and sanitation topics. It includes sections on Safety and Sanitation Inspections of Living Units (General Order #24.9.9.0), Fire Safety (Interagency Directive 64.5.30.0), Egress Keys, Chain of Command, Inmate Count Procedures, and Compound Lockdown Levels. Each handbook includes a floor specific site map identifying key locations specific to safety within the division such as fire annunciators, extinguishers, fire alarm pull boxes, chemical control rooms, mechanical rooms, generators, and chases. Each division has a unique written test for officers to complete after reviewing the divisional handbook. ARTs are provided the division's Fire Safety Training binder containing a signature sheet, divisional egress key box location and divisional floor plans with emergency evacuation routes. Superintendents are required to assure that the ARTs have read and understand its contents.

**Monitor's Assessment:**

The competency based fire and emergency evacuation safety officer proficiency exam was initiated in August, 2011. The passing score for the exam is 80%. There were three classes held in 2013 with 45 officers successfully passing the written examination. The Fire Safety Committee plans to establish the passing score to 90% this year. Further all officers receive fire safety training as part of their initial and annual training program. DFM and representatives of Cermak and the Central Kitchen have been included in the training.

**Monitor's Recommendations:**

1. Continue training and testing until all divisional safety officers for all shifts have completed the training and demonstrated their competency.
2. Assure competency division specific training for all ARTs for fire and safe evacuation along with emergency egress box location.
3. Establish a course syllabus (topic outline) for each division's training program and identify the designated trainer responsible providing the training.
4. Continue to identify and maintain documentation of remedial training for those officers who do not perform up to expectation during regular drills and actual events.

5. Prior to my next visit, provide evidence of the remedial training for the list of officers who have completed it. While an officer may have successfully passed the written examination, the validation of the training is how they actually perform during drills and actual events.

79. CCDOC shall promptly notify DFM of all electrical hazards including maintenance and repair of electrical outlets, devices, and exposed electrical wires.

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

There is no change from the previous report. The Interagency directive for fire safety provides that each division safety officer conduct weekly fire safety inspections of all housing, administrative offices, medical clinics, shops, maintenance rooms, classrooms, and common areas. Each week the inspection is completed by a different shift's safety officer. For example, week one's inspection is completed by the first shift safety officer, week two is second shift etc. The weekly completed reports are then submitted to the division's Superintendent by the end of the inspection week. Any "life safety" deficiencies are reported immediately to the respective division superintendent, an incident report is filed, and DFM is notified via their emergency number. The weekly inspection form includes monitoring electrical outlets and covers, electrical cords and plugs for exposed wires, fire extinguishers, assuring sprinklers are unobstructed, exit ways are unobstructed, exit signs are illuminated, garbage and combustible refuse removed from cells and dayrooms, and assurance that flammable materials are stored only in designated fire safe cabinets.

At the end of each month the second shift safety officers are required to complete and submit a copy of the monthly deficiency report to the respective division superintendent noting any unresolved deficiencies. Further the CCDOC Safety Administrator is required to provide a status report at the following meeting of the Interagency Fire Safety Committee. All unresolved non-conformances after 30 days are referred to the Executive Directors of CCDOC and DFM for resolution.

CCDOC is fully integrated with the DFM "Facility Wizard" work order system. A review of the number of work orders filed by each division shows a marked increase in timely work orders being submitted and work completed by DFM maintenance trades. This includes electrical problems.

**Monitor's Assessment:**

During this tour, I visited the Central Kitchen, housing units in Divisions II, III, IV, IX, X, XVII and Cermak. I did not identify any electrical issues. The electrical issues in the Division XVII noted on Report VII laundry were resolved. DFM continues to reduce significantly all outstanding work orders including electrical. There is a weekly meeting to review and prioritize all pending work orders over 30 days old. Most are not fire safety related. By example there were only 91 open work orders for the entire complex, which is significantly below the 398 found during the previous tour.

**Monitor's Recommendations:**

1. Continue monitoring all pending electrical work orders to assure that all fire safety related issues are resolved as a first priority.

**80. DFM shall promptly repair all known electrical hazards, including maintenance and repair of electrical outlets, devices, and exposed electrical wires and will document repairs by the Work Order System.**

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

The priority system established by DFM to track and monitor resolution of all maintenance requests has been operational since August, 2010. It establishes a basis for timely response to electrical and all other work order requests, submitted by CCDOC and Cermak. Electrical hazards are a first priority for response. Weekly pending work order meetings are conducted with CCDOC to monitor and resolve all outstanding electrical work orders.

The DFM "Facility Wizard" system provides daily, weekly and monthly reports for DFM, CCDOC and Cermak to regularly monitor status of all work orders. CCDOC and Cermak can monitor progress or lack thereof for all outstanding work orders at any time and follow up with DFM as necessary to assure timely response and repairs to electrical hazards.

**Monitor's Assessment:**

DFM continues to make significant progress in reducing the backlog of pending work orders especially electrical and fire safety as discussed in provision 79. Electrical issues are considered a first priority within the DFM priority system. Electrical and fire safety work order requests are typically addressed either the same day or the next unless there is a delay caused by part unavailability. Occasionally a weekend or holiday a request may be completed the following day. "Emergency" orders are typically handled within hours of the request. One issue identified during this tour was that work orders status reports from DFM did not match the same number of pending work orders on the CCDOC reports. Apparently there is a programming issue that delays the transfer of information. A Request for Proposal has been issued to address the problem so that DFM, CCDOC and Cermak can all see real time data. I will continue to monitor the backlog each month on reports provided.

The light fixture replacement program is now completed in all divisions. This has resulted in virtual elimination of inmate abuse and destruction of fixtures, and significantly less electrical hazards. As of this report, the report remains in substantial compliance.

**Monitor's Recommendation:**

1. DFM should continue to the weekly pending work order review that to monitor progress in reducing the backlog and determine when additional staff are needed.

2. DFM is requested to continue providing with monthly evidence, chart etc. to document the trend in reducing outstanding electrical work orders, along with a running tabulation of all that are still pending for over 30 days.

**81. CCDOC shall ensure that combustibles are controlled and eliminate highly flammable materials throughout the facility and inmate living areas (e.g., inmates' use of paper bags as trash receptacles, ripped fire-retardant mattress covers, improvised cell light covers, blankets on cell floors, and improperly stored and labeled flammable liquids and other chemicals).**

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

General Order 24.11.1.0 "Sanitation Procedure and Inspection" is the CCDOC Master Sanitation Plan. It is in the final stages of its first revision to reflect current procedures. Division specific sanitation plans will also be revised as appropriate to the General Order. With uniform and consistent implementation, from tier officers and effective enforcement from supervisory officers there continues to be a reduction of the amount of combustibles within housing units. The efforts of the "Compliance Team" to reduce the amount of combustibles and flammable materials, and improve overall sanitation within the housing units have been effective. The replacement program for new lighting fixtures has also eliminated inmate's ability to use milk cartons to cover incandescent bulbs.

Inmates are now required to maintain all personal belongings and commissary in their personal property bags. This has worked especially well where tier officers and supervisors enforce the policy. However it is not yet universal in all facilities.

DFM controls the storage of flammables in their shops by maintaining them in designated secure fire resistant cabinets. As discussed in Provision 73, DFM has completed the color-coded map and inventory of all flammable and hazardous chemicals and provided it to CCDOC division safety officers and Safety Administrator. So within each division, there is an up-to-date inventory of all flammables being stored in that specific division. The inventory is maintained by DFM and is readily available to first responders in case of an emergency.

**Monitor's Assessment:**

Housing units assessed during this tour continue demonstrate marked improvement in no longer allowing excess flammable materials in the cells and dayrooms. It is rare to see blankets on the floor. Inmates are permitted one paper bag per person for trash and that trash is collected and disposed at least daily. Two person cells should be allowed only one bag for trash per cell and that needs to be included in the inmate handbook and strictly enforced throughout all divisions.

On this tour I found several instances where inmates who have been housed there for long periods of time have an excess of legal papers and files that too large to fit into the personal property bags. I have suggested that when that is found, Supervisors, not tier officers could permit the issuance of an extra

personal property bag as long as the inmate understands that one bag is for personal items including commissary and the other is strictly for legal papers and documents.

In some cells, living unit officers have permitted multiple paper bags used for storage of commissary and personal items. Subsequent to the tour CCDOC plans to slowly introduce the policy of only allowing one paper bag per cell. Division X has now eliminated paper bags. There appears to be a need to both train and hold supervisors and living unit officers accountable for assuring that cells, dormitories, and dayrooms remain free of flammables. I will continue to monitor progress in all divisions in subsequent tours.

The elimination of "cooking" fires throughout the CCDOC and the lighting replacement project have also played a significant role in reducing fire hazards and an inmate's need for maintaining fuel (milk cartons) with which to cook. CCDOC working with the food service contractor plans to institute plastic reusable trays for breakfast and lunch to eliminate single use Styrofoam trays. This provision is in substantial compliance with the provision. However, if future tours continue to reveal excess flammables in the cells, the compliance status will change.

**Monitor's Recommendations:**

1. Provide training and establish accountability for supervisors to effectively supervise living unit officers to not permit inmates to maintain flammable materials within their cells, dormitories, or dayrooms.
2. Inmate should only be allowed one paper bag per cell. All bags in excess must be confiscated including those received with commissary. In dormitories, there should be no paper bags allowed, as trash containers are already provided. All other personal items including shoes, commissary, correspondence, books, and magazines must be required to be stored in the inmate's personal property bag. Blankets must continue to remain on the beds and not used as carpet.
3. Establish and implement a supervisory process whereby an additional personal property bag may be authorized to those long term inmates who need extra storage for legal papers to eliminate uncontrolled stacks of papers under and adjacent to bunks.
4. Investigate non-flammable alternatives for delivering commissary items.

32. CCDOC shall ensure that fire safety officers are trained in fire safety and have knowledge in basic housekeeping, emergency preparedness, basic applicable codes, and use of fire extinguishers and other emergency equipment.

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

The Interagency Directive for Fire Safety, Fire Emergency, and Fire Evacuation, 64.5.30.0, was authorized effective August, 2011. The policy establishes that all CCDOC employees must receive training and become well-versed in the fire safety, emergency, and evacuation plans of the department and its divisions. This includes safety officers. (Note: In the divisions there are designated and trained "Safety Officers" that are equivalent to the term "fire safety officers" identified in the provision.) Further, the policy explains that "Communication among and between CCDOC, Cermak, and CCDFM employees is key in assuring a safe facility, and all shall work together to implement this directive."

The Interagency Directive requires the designation and training for all CCDOC divisional safety officers for each division at least annually. The training must be provided by or with the approval of the Cook County Sheriff's Office Training Institute, through the CCDOC Safety Office and the Chicago Fire Department, and in accordance with a written course syllabus to be reviewed annually by the Fire Safety Committee.

The training of safety officers (fire safety officers) is currently provided by the CCDOC designated Safety Administrator, using the video of one of the courses previously provided by the Chicago Fire Department. Following the training, safety officers are required to pass a written proficiency examination.

**Monitor's Assessment:**

The competency based fire and emergency evacuation safety officer proficiency exam was initiated in August, 2011. The competency based fire and emergency evacuation safety officer proficiency exam was initiated in August, 2011. Safety classes were most recently held in January and September 2013. Over 200 Safety Officers including 45 who completed the course in 2013 recognized as safety officers. Demonstration of their ability to effectively use a fire extinguisher is included in the regular fire drills conducted in each division each month.

Further all correction officers receive fire safety training as part of their annual training program. DFM and representatives of Cermak and the Central Kitchen have been included in the training. There are questions of the annual training test that address fire safety. Sign in sheets are maintained as evidence that the training was provided.

As explained earlier in this report, the divisional orientation handbooks for divisional safety officers are now complete and issued. On future tours, I will continue to monitor safety officer knowledge by witnessing drills and questioning housing officers.

This provision continues to be in substantial compliance.

**Monitor's Recommendations:**

1. The Safety Administrator needs to assure that all designated Safety Officers assigned within the divisions have received the annual training required in the Interagency Directive. Should a Safety Officer be transferred or leave CCDOC, the superintendent, prior to the transfer or leave shall

provide the name of the replacement Safety Officer to the Safety Administrator. Each division superintendent must assure that there is always a trained Safety Officer within their division on all shifts at all times.

**PROVISION: G. SANITATION AND ENVIRONMENTAL CONDITIONS**

**83. Sanitation and Maintenance of Facilities**

a. DFM shall maintain an adequate written staffing plan and sufficient staffing levels to provide for adequate maintenance of the Facility.

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

The Department of Facilities Management has a written staffing plan for each trade, including response to work order requests, scheduled maintenance, and emergencies for engineering, plumbing, electrical, painting, carpentry, and masons. It includes supervisory personnel for each. DFM is responsible for the maintenance and repairs of all Cook County owned facilities including CCDOC. There are assigned trades that report directly to the CCDOC complex. Additional tradesmen are brought in from other county facilities to assist when there are excessive backlogs or emergencies. DFM has modified its contracts with trades to provide emergency and general maintenance for two shifts. This will allow for more timely coverage.

**Monitor's Assessment:**

At the beginning of 2014, Cook County reorganized the Department of Facilities Management that will create property facility managers. The plan is for assigning one General Manager at CCDOC with two property managers to manage the maintenance workload. The leadership of DFM is committed to reducing backlog of open work orders that was identified in Report VII. As of this report, the backlog of key areas such as plumbing and electrical continues to be reduced significantly. Additional plumbers and electricians have been assigned to CCDOC. DFM provides me with monthly reports of their progress to reduce backlog of work orders. Weekly meetings with DFM and CCDOC are held to review and address aging pending work orders that extend beyond 30 days.

I will continue to monitor the monthly reports for future tours. This provision continues to be in substantial compliance as long as the backlog continues to be managed effectively.

**Monitor's Recommendations:**

1. Continue to monitor work order pending and completion data to determine staffing needs and make reallocations as necessary to meet DFM work order priorities and assure timely response.

**83. Sanitation and Maintenance of Facilities**

- b. CCDOC shall revise and implement written housekeeping and sanitation plans to ensure the proper routine cleaning of housing, shower, and medical areas, in accordance with generally accepted correctional standards. Such policies should include oversight and supervision, including meaningful inspection processes and documentation, as well as establish routine cleaning requirements for toilets, showers, and housing units.

**MARCH, 2014 COMPLIANCE STATUS: PARTIAL COMPLIANCE**

**Status Update:**

The CCDOC General Order 24.11.1.0, Divisional Sanitation Plan became effective in February 29, 2012. This order is in conjunction with General Order 24.9.9.0, Safety and Sanitation of Living Units which became effective December 6, 2011. General Order 24.11.1.0 and General Order 24.9.9.0 are currently under revision to reflect future practice and to include specific sanitation schedules for housing and common areas of the divisions. It will require documented housekeeping completion logs, inspection reports, deficiency plan for corrective action and requisition forms for supplies. Once completed, the division specific schedules will be formally developed consistent with the General Order.

A sanitation video has been developed and can be shown on televisions in each living unit throughout the day, when televisions are turned to that channel. The division designated sanitation officers have been trained by the CCDOC Sanitarians on safe and effective cleaning and disinfecting procedures. In the General Order, Watch Commanders are responsible for reviewing the completed Daily Inspection Forms from each of the living units and filing a summary report weekly. The Support Services Superintendent and Sanitarians receive and review the weekly summary of the sanitation log from each of the divisions. The divisional sanitation plans mandate that sanitation officers observe the cleaning and disinfection of cells, dayrooms, toilets and shower facilities. Since the divisional sanitation plans became effective, the Sanitarians continue to conduct unannounced inspections of living units within all divisions.

CCDOC created and continues to use a designated "Compliance Team" to develop and oversee the implementation of the Divisional Sanitation General Order. As a result of their efforts, CCDOC has implemented an incentive for cleanliness by providing microwave ovens to those living units where the rules are being followed. In other words CCDOC is transforming the existing culture with a very different approach by creating an incentive environment to require accountability from both inmates and officers to improve the sanitation and maintenance of the living units as well as classrooms, maintenance

closets, tunnels, and common areas. While early in its implementation, the improvement cleanliness in those divisions where microwaves have been provided is markedly superior to those where they are not available.

Cermak has also developed and implemented its first comprehensive written sanitation policy and plan titled "Sanitation and Environmental Health. It establishes formal housekeeping procedures, schedule, and expectations for the building service workers responsible for completing the all cleaning and disinfection. Training of the building service workers and supervisors against the policy has been completed.

**Monitor's Assessment:**

On this tour I had limited time to tour housing areas. I spent time visiting Divisions II, III, VI, IX, X XVII and Cermak. Generally there continues to be considerable improvement in cleanliness in dormitories, cells, hallways, dayrooms, common areas, and tunnels. As a result of the issues identified during the previous tour, I spent most time in Cermak, Division II and Division XVII. At Cermak, the level of cleanliness was significantly improved from previous tours. The reason, I believe, was the development and implementation of the Cermak Policy for Environmental Care. I reviewed drafts of the policy throughout its development. Cermak Environmental Services management conducted extensive training of their Building Service Workers on expectations, procedures for cleaning and disinfection, and personal hygiene. The policy establishes minimum cleaning frequencies for bathrooms, showers, day rooms, exam rooms, patient rooms, offices, nurse's stations, break rooms clinics and common areas including detailed procedures for each. The training includes specific equipment cleaning procedures for mattresses, portable cots, and touch surfaces including floors, windows, shelves, tables, beds, etc. They established Cermak Health Services approved cleaner/chemical list, along with effective dilution rates based on the chemical manufacturer's specifications. They have implemented documented inspections to verify that the schedule and areas are cleaned are met with accountability.

The results were dramatic from the previous tours. Again, I understand Cermak staff knew that I would assess at this tour, but unannounced inspections by the Sanitarians also demonstrate much improved level of cleanliness. Inmates housed there were maintaining their personal property in their property bags as required.

One area identified at Cermak that needs attention is the lack of cleanliness of the vent covers located in the ceiling of the patient living units. The current procedure to wipe them down is ineffective in removing the accumulation of dust that clogs the screen covering. DFM will be completing a thorough cleaning program and add these vents to the preventative maintenance schedule to assure the vents remain unblocked.

Overcrowding in patient rooms continues to be a severe issue with many patients sleeping on portable cots (boats). This not only creates a potential health issue for disease transmission to the patients, it prevents workers from doing effective housekeeping and disinfection of the rooms.

Division XVII housing dormitories were clean. The window screens have been cleaned and are now covered with plastic sheeting to prevent drafts from the winter winds. These plastic sheets are only a temporary fix and need to be removed and a permanent solution implemented. The cleanliness of hallways and the laundry were much improved.

In Division II, floors, shower and toilets were maintained clean, and in fact cleaning was occurring while I was there. In Division III, which had not been occupied since November, 2013, the cells were maintained clean. Window sills in some cells needed dusting. Cracked floor tiles in some cells and in the hallways needed to be removed. If Division III is going to be used more consistently, considerations should be given to remove the tiles in the cells, clean and seal the floor. Showers were being repainted and sealed by DFM. Dayroom furniture that is cracked and torn needs to be removed and/or replaced.

In Division IX, the Special Incarceration Unit on the ground floor were maintained clean. I reviewed the Sanitation officer records for the previous two months that demonstrated that these cells are cleaned daily as required, as is the inmate shower.

Division V and half of Division IV living units were closed for repairs and installation of security cameras. As a result, I did not tour those divisions. On this trip, there was marked improvement in the cleanliness of common areas including dayrooms, tunnels, hallways, staircases, and classrooms from the previous tour.

**Monitor's Recommendations:**

1. Complete the revision to General Order 24.11.1.0, Divisional Sanitation Plan and each division's sanitation schedule to assure they are consistent.
2. Continue to review and revise the Cermak Sanitation and Environmental Health policy and formally authorized it once it is complete and the procedures assure the appropriate level and frequency of cleanliness and disinfection is finalized to prevent transmission of pathogens.
3. Cermak and DFM need to cooperatively work to develop an effective cleaning procedure and schedule for routine effective cleaning of vents
4. Maintain effective and timely inspections of sanitation and safety as required under the General Order. Consider the use of a more comprehensive inspection process that includes sanitation and fire safety to reduce duplication and improve operational efficiency. This could also improve accountability of living unit officer and supervisors.
5. Develop and implement a process to effectively clean and disinfect plastic drinking cups provided to medical inmates housed in Division II dorms and Cermak or eliminate the use of them and provide single service cups.

**83. Sanitation and Maintenance of Facilities**

c. DFM shall implement a preventive maintenance plan to respond to routine and emergency maintenance needs, including ensuring that shower, toilet and sink units are adequately maintained and installed.

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

Other than the DFM reorganization discussed in 83b above, there is no change to this provision. DFM uses a work order tracking system ("Facility Wizard") to manage and prioritize all maintenance requests from anywhere in the complex. The same system also is used to schedule and assure completion of preventative maintenance needs of all mechanical and fire safety systems within CCDOC, as well as at all other Cook County facilities. Both CCDOC and Cermak use the same system through an interface to enter work orders and monitor pending and closed work orders. DFM has designated staff to prioritize work orders as received and send them to trades' foremen for assignment. DFM is also implementing an interactive voice response system through digital handheld devices to management program to monitor trade workers progress, provide instant communication and improve efficiency in responding to and completing work orders.

Facilities Management operates a 24 hour emergency hot line seven days a week to receive and respond to any facility emergency reported by CCDOC or Cermak.

**Monitor's Assessment:**

DFM continues to meet the requirements of this provision. DFM management continues to investigate different reporting ideas to improve tracking and benchmarking types of work orders and from which division. This data will be beneficial to more effectively plan and budget staff time and positions. The full implementation of the Interactive Voice Response System is an example that will provide an excellent management tool to improve efficiency and effectiveness of processing and closing work orders.

CCDOC has designated specific employees within each division who are trained to create a work orders based on information from living unit officers. Sanitation officers and Sanitarians. It is my view that DFM promptly responds to work orders following their established priority schedule. For all categories of trades, year-to-date DFM management reports show that they close an average of over 4800 per month.

**Monitor's Recommendations:**

1. None at this time.

**83. Sanitation and Maintenance of Facilities**

d. CCDOC shall notify DFM, in a timely manner, of routine and emergency maintenance needs, including plumbing, lighting, and ventilation problems.

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:** The DFM "Facility Wizard" work order tracking system interface has been operational at both CCDOC and Cermak since April, 2012. The required housing unit inspections specified in the sanitation General Order 24.11.1.0 became effective in March, 2012. Further General Order 24.9.9.0 established an inspection protocol for sanitation and living unit officer to identify and correct non-conformances. Living Unit inspection forms are collected by the divisional work order coordinator and only issues that need to be addressed by Sanitation are forwarded to the Watch Commander. Sanitarians also conduct unannounced inspections of each division as an independent verification.

The Sanitarians have also created a Power Point presentation for training living unit officers demonstrating what constitutes a needed plumbing, electrical and emergency issue. It can be used at the annual in-service training program taught weekly at the Sheriff's Training Academy. The training program is planned to be included in the 2014 in-service. The food service contractor CBM also has access to file work orders through Support Services. The CCDOC Sanitarians also generate the electronic work orders.

As a result, work orders from CCDOC staff are providing timely submission of work orders. The use of the 24 hour hotline for emergency repairs assures that emergency maintenance repairs are forwarded to DFM quickly and typically DFM responds to these within minutes.

**Monitor's Assessment:**

During this most recent assessment of living units, in Divisions II, III, VI, IX, X and Cermak, I found that when I identified maintenance issues, Commanders or Sanitation Officers were able to show evidence that work orders had been submitted in every case. Division staff accompanying me carried binders with copies of the work orders. This response is far different than when I began monitoring. At the beginning there was reluctance by CCDOC staff to even submit work orders as the belief was that they would be ignored. Today, that practice no longer exists. CCDOC, Cermak and DFM work cooperatively to assure timely completion and closure to work orders. Staff at Environmental Services at Cermak specifically highlighted that work order response is significantly improved. During the previous tour I identified some 27 specific plumbing issues in Division III. As a result of that visit, CCDOC sanitarians conducted a cell by cell assessment to identify and submit work orders for outstanding plumbing issues. While during this tour Division III was not being used to house inmates, I surveyed most cells in several wings and found that no plumbing issues other than the need to replace the combination toilet and sink units in the rear of Wing A-1 and some broken tiles in some living units. DFM is waiting for CCDOC to decide if those 12 cells will ever again be used as the parts to repair those plumbing fixtures are no longer available from the manufacturer and the \$40,000 cost to replace them would not be necessary.

These 12 cells are the only ones in Division III that utilize that type of unique combination toilet/sink. Within this area of A-1 there are security issues including limited line of sight to effectively monitor inmate activity. The existing showers have been repaired; toilets adjacent to the dayrooms with large gaps in the tiles had been sealed to the wall to prevent inmates from hiding contraband; dayrooms were floors were clean.

As a result of this tour the provision continues to be in substantial compliance.

**Monitor's Recommendations:**

1. Re-establish the visual enhanced training program for all housing officers explaining the what constitutes acceptable and unacceptable functioning of all ventilation, plumbing and electrical
2. Continue to monitor housing units through the weekly inspections and hold tier officers and supervisors on all shifts to report plumbing, electrical or ventilation issues when repairs are needed. This was most notably identified in Cermak, as vent covers were in need of cleaning.

**33. Sanitation and Maintenance of Facilities**

e. DFM shall ensure adequate ventilation throughout the facility to ensure that inmates receive an adequate supply of air flow and reasonable levels of heating and cooling. DFM staff shall review and assess compliance with this requirement on a daily basis for automated systems and on an annual basis for non-automated systems.

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update**

The status remains unchanged since previous reports. DFM has fully implemented their Policy for Monitoring Temperature Ranges at CCDOC for all divisions. They are utilizing a designated monitoring recording form that is maintained in the DFM offices at CCDOC. Monitoring is completed once on each shift, seven days per week. To complete one Division takes approximately one hour. Ventilation inspections and cleaning continues whenever a work order from CCDOC or Cermak is entered. They continue to meet the provision of the Consent Agreement.

**Monitor's Assessment:**

DFM continues to conduct their "Rounds Monitoring" at all divisions. The monitoring is appropriately documented. It includes measuring temperatures of the exhaust and return air fans and temperatures at a pre-selected point closest to the exhaust fan and the point farthest from the exhaust fan in the living units. They also measures the water temperature of the hot water heater, check whether the hot water circulating pump is functioning according to manufacturer's specification, along with the sewer pumps, storm pumps, and condensate pumps. Function of the generator is verified, including the oil and fuel level. Measurements of PSI for the high, medium, and low pressure systems, city water pumps, and the chilled water pumps for the fire system, are taken. I reviewed selected months of the daily logs

for various divisions. Where non-conformances were identified, I verified that work orders had been filed and that work was completed and the work order closed typically the same day. The monitoring forms are typically completed by an engineer and reviewed by a supervising chief engineer or assistant chief engineer. The program is functioning as intended.

The ventilation cleaning program for all divisions began in August, 2010 has been completed by DFM. They now respond to ventilation issues based on work orders filed from the divisions. DFM management continues to monitor the number of work orders filed each month for blocked vents to determine whether another complete round is necessary. So far this year, there have been few work orders. Further when DFM conducts scheduled "Building Initiative" living unit painting and repairs, they assess and clean vents as part of the refurbishing of the cells. As discussed earlier in this report, the only clogged air vents I found were in the housing dorms of Cermak. Although they are cleaned by Cermak's building services staff, it is not adequate as the grill covers are more of a screen than louvers and they do not have the correct equipment to clean them effectively. DFM recognized the issue and will be cleaning the vents and include them on a preventative maintenance schedule to be evaluated monthly to determine the correct frequency to prevent clogging. Living unit officers in other divisions are monitoring vents effectively and submitting work orders as necessary.

**Monitor's Recommendations:**

1. Continue the daily rounds inspections on all shifts.
2. Develop and implement an effective vent cleaning program for Cermak.
3. Continue monitoring the number of work orders for obstructed vents to determine whether another comprehensive round is needed or continue to clean vents based on work orders submitted.

**83. Sanitation and Maintenance of Facilities**

f. CCDOC shall notify DFM of any visible obstructions to the ventilation system.

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

There is no change from the previous report. As discussed above, Facilities Management staff completed two rounds of the ventilation cleaning. Since the completion of the DFM program, support services staff and living unit staff conducting cell by cell inspections are required to assess the need for vent cleaning and submit a work order. The PowerPoint presentation has been developed by Facilities Management to demonstrate to correction officers how the ventilation systems function and stress the importance of maintaining unobstructed vents.

**Monitor's Assessment:**

As of this tour, the only area where I observed blocked/plugged vents was at Cermak as discussed above. During visits to Divisions II, III, IX, X and XVII, I observed no blocked vents as in previous tours. The Sanitation Plan requires living unit officers to identify and notify Facilities Management should vents become blocked. As discussed in Provision 83e, DFM continues clean vents as part of their cell refurbishment program and work orders filed by CCDOC.

This provision continues to be in substantial compliance.

**Monitor's Recommendations:**

1. Cermak Environmental Services need to monitor vents to assure they remain unobstructed.

**83. Sanitation and Maintenance of Facilities**

- g. Cook County shall ensure adequate lighting in all inmate housing and work areas.

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

This provision is the responsibility of the Department of Facilities Management. In July, 2012 the Cook County Board of Commissioners approved a contract to replace or retrofit lighting and light fixture with ones that are more secure from inmate abuse and more energy efficient within the living units at all divisions. The CCDOC project was completed into two phases: For the CCDOC campus, Divisions I, II, III, IV, IX, X and XI were completed in 2013 and Division V was completed in March, 2014.

**Monitor's Assessment:**

The new lights have dramatically increased the light intensity, and are more secure from abuse than the previous fixtures and exposed incandescent bulbs. As a result, the number of electrical work orders has dropped as expected, and as reported earlier in this report, the back log of pending electrical work order has dropped to a manageable level. DFM reports virtually no work orders for light fixture repairs from inmate tampering. This provision continues to be substantially compliant.

**Monitor's Recommendation:**

1. No further recommendations.

**83. Sanitation and Maintenance of Facilities**

h. CCDOC shall ensure adequate pest control throughout the housing units, medical units, RCDC, RTU, and food storage areas. CCDOC shall maintain a contract for professional exterminator services for each division, food services areas, and the Cermak hospital. Services should provide for routine pest control spraying and additional spraying as needed.

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

As of November 1, 2013, Quality and Excellence Inc. maintains the pest control contract for CCDOC and for CBM. Cermak continues to maintain the pest control contract with Anderson Pest Control, the former contractor for CCDOC. The new contract for CCDOC requires the contractor be onsite 7.5 hours per day 5 days per week for the first six months of the contract and then 5.5 hours per day. They have provided a map showing the location of all traps, and provide a comprehensive inspection and implement an "Integrated Pest Management" approach. The contractor is required to complete a floor drain cleaning procedure a minimum of twice per year to prevent insect eggs and larvae from developing, and provide a 24 hour response time for complaint response. They provide a quarterly statistical report, along with electronic reports of their inspections and recommendations.

CCDOC continues to operate a "pest control hotline" for officers to report pest activity. Steps to prevent pest issues and infestations are reinforced at the training academy for all correction officers.

**Monitor's Assessment:**

To date, CCDOC has been pleased with the performance of the Quality and Excellence Inc. They have been responsive to special request issues and meet regularly with CCDOC staff when issues arise. The CCDOC Sanitarians receive and review the reports and maintain historic documentation of pest activity by location and pest type. The number of rodent captured for all divisions except Division are in the approximately 10 per year. At Division I, which underwent a major plumbing renovation in 2013, the contractor maintained the exterior door to the facility open for several days last fall. As a result, the number of sightings and complaints of mice increased. Throughout this year the contractor has placed over 250 glue traps within the facility as mice have infiltrated chases in the walls along I-beams and it has been challenging to resolve. As a result, the number of pests captured are approximately 6 -7 per month, as opposed to less than one per month in all other facilities. Continual monitoring by living unit officers and the contractor will reduce the population of mice.

During my tour of Division XVII, female inmates complained about a mouse sighting. The contractor had already responded before my arrival and installed traps in a closet. Because of the location the complex and the surrounding vacant property not owned by the County that is littered with trash, tires, pest issues will continue until the area is cleaned, the debris removed, and the grass maintained cut. Pest complaints from inmates and officers today in the living units, compared with four years ago are markedly reduced. Moreover, employees and inmates no longer accept pests as the norm, but report

through the hotline when pests are observed. The contractor and the Sanitarians respond typically the same day.

As a result, this issue continues to be in substantial compliance.

**Monitor's Recommendations:**

1. Please provide me quarterly reports for 2014. I will review them prior to my next visit.
2. Maintain the reinforcement of eliminating food being permitted in housing units/tiers during routine inspections.

**83. Sanitation and Maintenance of Facilities**

- i. CCDOC shall ensure that all inmates have access to needed hygiene supplies.

**MARCH, 2014 COMPLIANCE STATUS: PARTIAL COMPLIANCE**

**Status Update:**

CCDOC has completed and authorized General Order 24.11.6 with an effective date of March 7, 2014. The new Order states first, that upon intake, employees shall issue inmate basic hygiene supplies including soap, toothpaste, toothbrushes, and as appropriate sanitary pads. Weekly, the supply room in each division will ensure that it maintain an inventory of these supplies at a level of 1.5 times the building capacity distribute basic hygiene supplies to the living units on a pre-determined schedule. Living unit officers shall assure that basic hygiene supplies are available on the living unit and that they will issue these supplies to inmates as needed. Indigent inmate requests for supplies of shower gel, deodorant and lotion are submitted to the Correction Rehabilitation Worker (CRW), and if the inmate meets the definition of indigent, the Inmate Welfare staff will assemble and deliver these supplies to the division/unit. An indigent inmate is defined as a person having \$25.00 or less for 30 days or more in his/her trust account.

**Monitor's Assessment:**

The General Order was made effective just prior to this visit. As a result, I was not able to observe its implementation. The provision will remain as partially compliant until effective implementation can be verified.

**Monitor's Recommendations:**

1. Implement General Order 24.11.6 in all Divisions.

2. Assure that each division maintains an adequate supply of replacement basic hygiene articles within housing units for use between weekly distribution and for newly admitted inmates. 3. Revise the General Order reference above to include the frequency of inmate availability of razors.

**83. Sanitation and Maintenance of Facilities**

j. CCDOC shall develop and implement policies and procedures for cleaning, handling, storing, and disposing of biohazardous materials, in accordance with generally accepted correction standards. CCDOC shall ensure that any inmate or staff utilized to clean a biohazardous area are properly trained in universal precautions, are outfitted with protective materials, and receive proper supervision when cleaning a biohazardous area.

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

Biohazardous waste from Cermak's medical facility and the medical and/or dental clinics in the divisions is the responsibility of Cermak, not CCDOC. Biohazardous waste in Cermak is securely stored and placed in red bags for daily pick up by designated Cermak staff. Cermak maintains a contract for collection and final disposal of the waste.

For biohazardous waste from living units or laundry, each division maintains a supply of biohazardous spill kits within the security office and the sanitation rooms. They are replaced as needed through Support Services. CCDOC policy does not permit inmates to clean bio-hazardous spills. A new blood-borne Pathogen Decontamination General Order was issued in January, 2013. Support Services Sanitarian created a Power Point training presentation for biohazardous waste handling and cleanup that is now provided to all sanitation officers. There is a written syllabus for blood-borne Pathogen clean-up training. Cermak teaches the blood-borne pathogen training at the Academy and during in-service.

**Monitor's Assessment:**

There is no change from the previous report. Biohazardous waste from the medical/dental clinics and Cermak is handled appropriately. The new Power Point training tool for sanitation officers is well written, thorough, and complete. Training for sanitation officers from each division for effective clean-up of biohazardous spills has been completed and is conducted for new sanitation officers as necessary. I have reviewed the course syllabus for biohazardous waste and blood-borne pathogen training program for officers and find that it acceptable. The provision continues to be in substantial compliance.

**Monitor's Recommendations:**

1. None at this time.

**83. Sanitation and Maintenance of Facilities**

DFM shall develop a policy on hazardous materials, in accordance with generally accepted correctional standards, and insure that all DFM staff is properly trained on the procedure.

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

DFM maintains policy number 2010 that was revised effective May 15, 2012. It establishes the acceptable storage procedure for handling and storage of all hazardous materials. The policy requires OSHA Hazard Communication Standard 29 CFR 1910.1200 Power Point training for all new hires and annually thereafter for all DFM personnel and that a current record be maintained for all employees required to work with hazardous materials. It requires a register (list) be developed of all chemicals used and stored and that the inventory and material safety data sheets be provided to designated management employees for distribution to the CCDOC Safety Administrator. The policy requires reports to the CCDOC Safety Administrator of any damage or spill. It mandates the supervisor or designee of each trade to complete quarterly inspections of all shops and rooms used for storage of hazardous materials to verify accuracy of inventory sheets, labeling, and safe and secure storage for all chemicals, along with appropriate corrective action for non-conformances and handling procedures including marking, controlling, labeling, mixing, and safety precautions. DFM management conducts random "mock surveys" of all shops and mechanical rooms since November, 2012. One of the elements included in the audit is monitoring for safe, effective storage, inventory and maintenance of chemicals.

Two documents, Understanding Policies and Procedures for tool, chemical and key control and Fire and Life Safety Duties for Engineering are both required to be displayed in the shops and a copy maintained on maintenance carts at all times.

Flammable cabinets are located in all shops/rooms where flammable materials are stored and that they are being appropriately used. DFM has completed division specific maps identifying the location of all flammable cabinets and a list of chemicals stored in each shop and/or mechanical rooms. This now includes Division VIII. They are provided to the Safety Administrator and also securely maintained in the respective division handbook located in the superintendent's or designee's office.

CCDOC has emergency access to all DFM maintenance rooms via secure keys located in Divisions V, VI and IX. Division XI emergency box is complete and installed. The Division Safety Officer/Superintendent's office also maintains a current copy of all Material Safety Data Sheets

for all hazardous chemicals stored within that division in addition to the one prominently stored at the entrance to all shops/rooms.

**Monitor's Assessment:**

During this tour I assessed the plumbing shop and the mechanical room in Division VI to verify safe storage practices. The plumbing shop was organized, and all hazardous chemicals were appropriately stored in the designated cabinet. The inventory was complete and maintained up-to-date. The mechanical room was maintained clean, replacement filters were stored there, and the only clutter was the storage of the previous lighting fixtures, as this room was a staging area for the lighting replacement project. DFM has continues random "mock surveys" of all shops and mechanical rooms throughout the complex.

At least quarterly an inventory balance matching the chemicals stored with the chemical list should be completed for all shops where chemicals are stored. The Safety Administrator should assure that the division safety officers know the location of all DFM hazardous and flammable chemicals in case of an emergency. DFM is also investigating if the MSDS format that they use is compatible with the Chicago Fire Department and the Hazardous Materials Team. If it is, that would allow them access to the MSDSs prior to arrival on site in case of an accident or spill.

This provision continues to be in substantial compliance with the consent agreement.

**Monitor's Recommendations:**

1. Assure the MSDS format is compatible with the Chicago Fire Department and Hazardous Materials Response Team.

**83. Sanitation and Maintenance of Facilities**

1. CCDOC shall provide and ensure the use of cleaning chemicals that sufficiently destroy the pathogens and organisms in biohazard spills.

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

CCDOC dilutes concentrated chemicals following the chemical manufacturer's specifications from the central supply located in Division V and distributes them daily to the divisions as requested. By centrally controlling the dilution and following the chemical manufacturer's directions, the divisions only receive properly diluted cleaning and disinfecting chemicals needed for routine cleaning and sanitizing of floors, toilets, lavatories, showers, etc. and effective cleaning and sanitizing surfaces from biohazard spills.

The chemicals used for all cleaning and disinfection are available for distribution to Divisional Sanitation Officers from the Division V Central Chemical Room. They include peroxide cleaner, Q-64 Disinfectant, glass cleaner, stainless-steel cleaner, deodorizer, bleach, and Symmetry Personal Hand Sanitizer, Buckeye Blue cleaner and LemonQuat along with empty spray bottles and labels. Only the floor care team has access to chemicals used for floor care including Floor stripper, floor wax, Equity Floor Cleaner, and Lemon Quat Floor Sanitizer. Also available from the CCDOC warehouse are mop heads, mop sticks, vacuum, power washer brooms, dust pans and squeegees, along with buckets brushes, Tyvec suits, vinyl gloves, garbage bags and eyewash stations.

Training for inmates and CCDOC employees on the safe and effective use of cleaning is taught by the Sanitarians. Training is provided to those assigned the responsibility of cleaning cells, showers, toilet facilities, dayrooms, RCDC, classrooms, tunnels, and all administrative areas. These are two hour classes daily, for one week. Each person that takes the class and successfully passes a written test is presented with a certificate of completion.

Each division maintains a supply of biohazardous spill kits in the chemical storage room as discussed earlier. Sanitation officer have been trained on the contents and how to use them in case of a spill. Spill kits are replaced as needed. Inmates are not permitted to clean up bio-hazardous spills per policy.

**Monitor's Assessment:**

On this visit, I visited the chemical storage room for Divisions VI and IX. Both rooms were maintained clean and organized. The Sanitation Officers correctly demonstrated the location of MSDSs and the chemical inventory process. During the previous tour, inmates complained about the lack of chemical supply for cleaning. As a result "sanitation kits" have been distributed to each operating living unit to be used for inmate mattress cleaning and daily cleaning done by inmates. The crates include one spray bottle of Hydrogen Peroxide GP Cleaner, a spray bottle of Micro Q64 disinfectant, two brushes (one for touch surfaces and one for toilets), four rags and a instruction card. Kits are now included in the count clearing process and the tier officer is responsible to assure inmates do not misuse the chemicals. The sanitation officer on the 11pm to 7am shift is responsible to collect and restock the kits.

**Monitor's Recommendations:**

1. Monitor the new sanitation kits to assure the process is safe and effective and that they are available.

**83. Sanitation and Maintenance of Facilities**

- m. CCDOC shall inspect and replace as often as needed all frayed and cracked mattresses.
- CCDOC shall destroy any mattress that cannot be sanitized sufficiently to kill any possible bacteria.
- CCDOC shall ensure that mattresses are properly sanitized between uses.

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

Mattresses are replaced as needed throughout the divisions when they become no longer cleanable or beyond repair. Each division maintains a small surplus of mattresses and more are available from Central Supply. The mattresses include a built in pillow. Inmates in Cermak may be given pillows and pillowcases if medically ordered. Each division maintains a designated area and process is place within each division to clean, disinfect, inspect, and repair or replace mattresses as appropriate between inmates. The mattresses are taken from the cell to the clothing and linen storage room of each division for cleaning and disinfection when the inmate leaves using Hydrogen Peroxide GP Cleaner and Micro 64Q disinfectant using the process described in 831 above. The mattress is then air-dried and returned to the cell. Inmates may also clean their mattress during scheduled daily cleaning utilizing the sanitation kits described above.

Mattresses in Cermak were in need of repair and replacement. Many of the beds in the medical dorms were too small for the bed. Further, because of severe overcrowding in the dorms, several inmates were sleeping in plastic boats, again with mattresses that did not fit the boat. Cermak has accepted the responsibility for the mattresses used in Cermak.

**Monitor's Assessment:**

Several of the mattresses at Cermak continue to be in need of replacement, especially on hospital beds located in medical cells and dorms. In touring divisions I identified only a couple of mattresses in need of replacement. Upon questioning inmates in all divisions, I did not receive any complaints except from inmates at Cermak. Supply officers assigned to the clothing and linen store rooms correctly explained the procedure for effective cleaning, disinfecting the mattresses between uses. Each storeroom has designated separate storage areas for clean and dirty mattresses, and one area for mattresses to be returned to central supply for repair or discard.

**Monitor's Recommendations:**

1. Assure all mattresses in Cermak are not frayed or cracked and that they fit the bed frame.

**33. Sanitation and Maintenance of Facilities**

n. CCDOC shall ensure adequate control and observation of all housing units, including distribution and collection of razors and cleaning supplies. All cleaning tools and hazardous chemical shall be removed from housing areas after use.

**SEPTEMBER, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

CCDOC issued a new General Order 24.11.7.0, Inmate Razor Distribution Effective March 14, 2014. It replaced a CCDOC special order of 2009 established in December, 2009 as a pilot program. Razors used throughout CCDOC are color coded by division. The CCDOC Assistant Executive Director (AED) of Special

Projects is responsible for the inventory of inmate disposable razors and assigning designated employees to issue razors to each division. Division Watch Commanders are required to assure the inventory is accurate and designate employees to verify the number of disposable razors on hand each shift. Divisions are issued two biohazard containers with disposable plastic liners; one used to transport unused razors and one for transporting used razors. The date and amount of razors are tracked on a "Disposable Razor Logbook" signed by the officer accepting the razors. Used razors are placed in a red biohazard container designated for used razors and returned to the AED for Special Projects for General Order office for effective disposal. No razors are stored in the housing units. All razors, used and unused, are audited daily to assure complete retrieval. If there is a discrepancy, an incident report is generated. If there are no discrepancies, the specific division is issued additional razors as necessary. Razors are available for use by inmates on the 11pm to 7am shift Monday through Friday with the exception of holidays.

**Monitor's Assessment:**

The razor exchange program appears to be very effective at controlling safe storage and use of razors within the housing units. I have not observed any incidents reports involving razor issues. Living unit officers are trained and are thorough in tracking razor use in the divisions. This provision continues to be in substantial compliance.

**Monitor's Recommendations:**

1. No further recommendations at this time.

**83. Sanitation and Maintenance of Facilities**

o. CCDOC shall ensure that Facility Sanitarians receive training from a relevant state, national, or professional association with emphasis on assessment of environmental health practices and emerging environmental issues in correctional settings. Facility Sanitarians should also have training on and access to testing equipment to ensure sanitary conditions.

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

There is no change from the previous report. CCDOC continues to employ two full time Registered Sanitarians, who are effectively managed by the Superintendent of Support Services. Both Sanitarians are active participants for all areas of the consent agreement for environmental and safety issues including chemical control, sanitation, laundry, and fire and life safety by developing and providing training and education to inmates and officers and civilian staff. Both have been provided with measuring and testing equipment as well as initial and ongoing training in correctional issues. Both will be presenting an educational session at the 2014 Annual Educational Conference of National Environmental Health Association. They continue to research issues, conduct independent audits, provide documented training, seek solutions and alternatives and provide objective counsel in most, if

not all provisions of Fire, Life Safety and environmental health. They meet regularly with the contractor for food service, pest control, division superintendents, CCDOC management, Cermak, and DFM to assess and resolve issues. As part of their inspections, they regularly interview inmates and staff to identify issues that may need resolution. They have an integral role in the implementation and monitoring of several CCDOC policies relative to sanitation and provide direction to the divisional sanitation officers. They have trained sanitation officers to assure more effective cleaning and sanitation. CCDOC is fortunate to have selected two Sanitarians who understand institutional environmental health, along with unique correctional issues and are able to interpret and find solutions to protect the safety and health of both inmates and fellow employees.

**Monitor's Assessment:**

Both Mr. Schroer and Mr. Gnatinski, along with Support Services Superintendent Sean Julian accompanied me during visits to food service, and living units in the divisions and Cermak. They spoke with inmates and with correction officers explaining public health reasons for specific policies and the impact of following them correctly. I find their commitment and their insight valuable as they work to solve sanitation and safety issues in the divisions. They have provided valuable counsel to the Environmental Services staff and management at Cermak and staff of Facilities Management. They continue to create training videos and PowerPoint presentations inmate posters on topics including chemical safety, use of the central laundry for personal clothing, sanitation, food service and pest elimination.

**Monitor's Recommendations:**

1. None at this time.

**PROVISION: G. SANITATION AND ENVIRONMENTAL CONDITIONS**

**§4. Sanitary Laundry Procedures**

- a. CCDOC shall develop and implement policies and procedures for laundry procedures to protect inmates from risk of exposure to communicable disease, in accordance with generally accepted correctional standards. To limit the spread of communicable disease, CCDOC shall ensure that clothing and linens returned from off-site laundry facility are clean, sanitized, and dry.

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

CCDOC has issued General Order 24.11.3.0 effective March 7, 2014 that replaces the 2007 edition of the same policy. The new policy was developed to reflect current practice. The policy the responsibility to the Laundry Unit Watch Commander outlines the training requirements for employees assigned to the

Laundry units on procedures and appropriate sanitation. They, in turn are responsible to train the inmate workers on the procedure, sanitation, and the use of personal protective equipment (PPE).

The policy requires all inmates to exchange soiled clothing and linen and strictly prohibits inmates from washing and drying clothing or linen contrary to the provisions of the General Order. Living unit officers who observe clothing and linen being washed by inmates shall confiscate all such items and issue clean, dry clothing and linens and initiate an Inmate Disciplinary Report.

CCDOC operates five in-house laundries. The "Central Laundry" for most clothing, blankets, and linens is located in Division V. There is a laundry located in Division IV to wash personal clothing for women, one in Division XVII, Women's Justice, and one each in Divisions III and IX that is currently supplementing the Central Laundry and cleans all clothing from Cermak. The former laundry located in Division XI has been discontinued. CBM maintains and operates a washer and dryer in the Central Kitchen to clean inmate worker uniforms and kitchen laundry. The Central laundry consists of five 150-lb Unimac washers and five 170-lb Unimac dryers. The Division III laundry consists of three Speed Queen 40 lb. washers and two 40 lb. dryers. Division IV has one washer and one dryer. The Division XVII consists of one washer and one dryer and is used to wash all laundry from that division including uniforms and personals. Portion controlled laundry chemicals including bleach, detergent, and sour are dispensed into the wash machines at all locations through an electronic feed system.

Laundry chemicals used are purchased from Ecolab. They include Ecostar Builder C detergent, Ecostar Destainer (Bleach), and Ecostar Sour (a pH adjusting chemical) to prevent skin irritation and fabric browning. Material Safety Data Sheets (MSDSs) are readily available. Bins used to hold and transport soiled clothing from the divisions and clean clothing back to the divisions are cleaned and disinfected at each laundry with Clorox wipes before clean laundry is placed in them.

CCDOC has developed a written monitoring system that include a report demonstrating which divisions are following the General Order for frequency of inmate personal clothing washing and a report that documents the dates and time that inmate's personal clothing is collected and returned. It further documents the regular washing and drying of mop heads used throughout CCDOC. The laundry supervisor tracks and reports the amount by weight of laundry received from each division including linens, uniforms, and personal laundry.

**Monitor's Assessment:**

CCDOC operates all laundries with the exception of the kitchen which is operated by CBM. During this tour I visited the central laundry in Division V, laundries in Division III, IX and XVII. All were maintained clean and well organized. Inmate workers were wearing appropriate PPE and following applicable procedures for handling soiled and clean clothing and linens. Bins were being disinfected before clean laundry was placed in them. Material Safety Data Sheets for all laundry chemicals were available.

The monitoring documents continue to be helpful in identifying which housing units are requiring inmates to use the laundry. This provision continues to be in substantial compliance.

**Monitor's Recommendations:**

1. No further recommendations at this time.

**84. Sanitary Laundry Procedures**

b. CCDOC shall ensure that inmates are provided adequate clean clothing, underclothing and bedding, consistent with generally accepted correctional standards, and that the laundry exchange schedule provides consistent distribution and pickup service to all housing areas

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update**

CCDOC General Order 24.11.3.0 has been revised effective March 7, 2014 to reflect current practice and policy. The policy prohibits inmates from washing and drying clothing or linen other than through the central laundry. It requires Living Unit Officers to confiscate clothing or linen being washed by inmates and issuance of clean, dry clothing and/or linen and issuance of an Inmate Disciplinary Report.

The policy and practice require uniform, personal clothing and towel exchange be conducted twice each week, sheets once per week and blankets exchanged once per month. The laundry schedule is posted in each living unit, and each division is required to include in its weekly incident report specifically which living units did not conduct linen exchange as mandated by the policy.

Male inmate personal laundry is taken to the central laundry. Female personal laundry is cleaned and disinfected in the division. Personal laundry is returned to the inmate on the same day.

**Monitor's Assessment:**

CCDOC continues to tracks the amount of laundry by weight that is cleaned by division. Records demonstrate that with rare exception uniforms, linens, and blankets are collected in accordance with the schedule. Inmate's personal laundry continues to improve monthly. CCDOC has created posters explaining why all clothing needs to be cleaned and disinfected through the laundry, developed videos for the inmate televisions, and have taken designated inmates to visit the laundry to see firsthand how their laundry is handled.

**Monitor's Recommendations:**

1. Continue to require all inmates to use the laundry service and not allow inmates to do their own laundry.

**84. Sanitary Laundry Procedures**

c. CCDOC shall train staff and educate inmates regarding laundry sanitation policies.

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

Inmate laundry workers assigned to the laundry are effectively trained as to their responsibilities by laundry officers as required in the revised General Order 24.11.3.0. The Order states the training includes classroom and hands-on instruction of the responsibilities, acceptable laundry sanitation practices and the use of laundry and personal protective equipment (PPE).

**Monitor's Assessment:**

I observed laundry officers and inmate laundry workers on this tour during visits to the laundries. They were wearing PPE, following instructions, and safely handling clean and soiled laundry. Now that the General Order has been issued, this provision is in substantial compliance.

**Monitor's Recommendations:**

1. No further recommendations at this time.

**84. Sanitary Laundry Procedures**

d. CCDOC shall ensure that laundry delivery procedures protect inmates from exposure to communicable diseases by preventing clean laundry from coming into contact with dirty laundry or contaminated surfaces.

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

There is no change from the previous report. Clean inmate laundry is transferred from all laundries in carts that are sanitized between uses with a disinfecting bleach wipe. All carts are thoroughly wiped by laundry workers and allowed to air dry before clean clothing and/or linens are placed into them. There are designated areas within the laundries that separate dirty laundry bins from those that have been cleaned and sanitized between uses. Tables in the laundries are only used to sort and fold clean laundry. They are cleaned and disinfected at the beginning and at the end of each shift.

**Monitor's Assessment:**

During tours to selected laundries, I again observed inmate workers wiping laundry bins before clean laundry was transferred.

**Monitor's Recommendations:**

1. None at this time.

**84. Sanitary Laundry Procedures**

e. CCDOC shall require inmates to provide all clothing and linens for laundering and prohibit inmates from washing and drying laundry outside the formal procedures.

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

General Order 24.11.3.0, reissued March, 7, 2014 specifically prohibits inmates from washing and drying clothing or linen other than through the designated CCDOC laundry. Further as discussed in Provision 84.a living unit officers are required to confiscate any clothing or linen items being washed and replace them with clean dry clothing and/or linen. Inmate's uniform, personal clothing and towels are collected twice each week, sheets once per week and blankets once per month.

Use of the CCDOC laundry system for uniforms, linens, and blankets is for the most part universally accepted and practiced. There are some inmates, who continue to not exchange even though CCDOC has posted easy to understand posters, schedules, and shown videos on televisions. Some inmates are reluctant to use the laundry for personals because they claim that they will not get their own returned. CCDOC has provided laundry loops for inmate personal clothing and assists inmates in correct use to help assure that their clothing will not get lost. Personal laundry is returned to the inmate at least on the same day it is submitted and in most cases the same shift. CCDOC has also removed laundry soap from the commissary order form. CCDOC continues to monitor by weight the amount of personals submitted at the exchange.

**Monitor's Assessment:**

The monitoring data provided during this tour clearly demonstrate continual significant progress in inmates using the laundry for personal laundry. During tours of housing units, I continue to see inmate personal clothing drying on bunks or in the showers, but significantly less than on previous tours. I observed in all divisions I visited on this tour and on the previous tour that in the same division some living unit officers are enforcing the policy and others are not. It is clear that some supervisors continue to allow living unit officers to permit inmates to launder their personals and some that do not. Once living unit officer and supervisors strictly enforce the policy that no laundry shall be washed and dried other than through the CCDOC laundry, this will this practice be eliminated. It is a culture that has developed over many years both for the inmates and the officers. Superintendents need to initiate that change of culture.

As I observed in all seven previous reports, efficient and effective laundry service will, when mandated and enforced with accountability, gain increasing acceptance by inmates. While it may be impossible to get 100% conformance by inmates, continual reinforcement from Living Unit Officers and supervisors is required.

This provision remains in substantial compliance, but if improvement is not demonstrated on future tours, compliance will revert back.

**Monitor's Recommendations:**

1. Continue to regularly monitor and track the use of the laundry and as discussed above include a discussion and expectations as regular agenda topic at Divisional Superintendent's meeting. Division Superintendents need to reinforce this issue within their divisions and supervisors and Living Unit Officers need to know that they are responsible and accountable.
2. Revise the inmate video on the established laundry process that explains the process for uniforms, linens, and personal laundry. The video can show that the schedule for inmate laundry pick-up is posted in each housing unit.
3. The inmate handbook and laundry policy, when finalized, needs to include the current rules and expectations that clearly state that washing and drying personal laundry and linens outside of the CCDOC laundry procedures is expressly prohibited and explain the public health reasons for it.

**85. Food Service**

a. CCDOC shall ensure that all food service at the Facility is operated in a safe and hygienic manner and that foods are served and maintained at safe temperatures.

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

CBM Premier Management began providing food service at CCDOC on September 14, 2012. Most, if not all of the broken and/or unused equipment has been removed from both the Central Kitchen and the Division XI kitchen. The warewashing machines have been refurbished and are working well. New cooking and hot holding equipment are being installed.

CCDOC continues to provide one hot meal and two cold meals per day, as permitted by the State of Illinois Department of Corrections. They continue to provide meals from a menu that has been reviewed and approved as meeting the USDA dietary guidelines by a Registered Dietician. The menu continues on a four week cycle that repeats. CBM, along with a review by Cermak and CCDOC provide, medical diets including dental soft, clear liquid; full liquid, food hypersensitivity/allergies; pregnancy, nutrition support, 2400 calorie diet, and renal diet. Medical diet meals are only provided, when prescribed by Cermak medical staff. Religious diet meals provided include Kosher and Vegan. Religious meals may be ordered by CCDOC or social worker. However, detainees receiving medical diet meals are limited in the type of commissary foods they may purchase.

CBM has all responsibility for maintenance of equipment and sanitation. They have two maintenance technicians who work on a schedule that allows for weekend coverage as needed. Sanitation is done by inmate workers under the training and supervision of CBM employees and CCDOC security staff. Currently both the Central Kitchen in Division V and the Division XI kitchen continue to be used to prepare detainee meals. The Division XI kitchen is only used to prepare the hot meal for that division. The Central Kitchen serves all other divisions

CCDOC along with CBM continue to assess and make changes to reduce the delivery time of transporting the food from the Central Kitchen to all divisions to assure that inmates receive hot food that is hot and cold food that is cold. When CCDOC reduced the number of medical and religious diet options, the time to sort meals once they are received in the divisions was reduced considerably. CCDOC Sanitarians regularly monitor food temperatures at the time of delivery. As a result, the number of inmate grievances regarding temperature has reduced to less than one per week. CCDOC Sanitarians, kitchen security officers and Superintendent Sean Julian meet weekly with CBM to review any grievances and address both operational and logistic issues. A meeting summary is provided following each meeting. It includes a running list of outstanding issues including a resolution explanation.

CBM regularly measures and records food temperatures as food is placed in trays and as it leaves the kitchen to the divisions. Division staff also record food temperatures at delivery to the inmates. The Sanitarians also randomly monitor food temperatures and delivery and maintain temperature reports for review by CBM and me.

Tool control in the kitchen is maintained by CCDOC security staff for kitchen sharps that have an edge or point such as dough cutters, probe thermometers, knives, etc. and by the contractor for kitchen utensils. All tools, along with all chemicals are now routinely inventoried daily and there is a sign in/sign out log maintained in the control room for both kitchens.

CCDOC Sanitarians conduct routine inspections of both food service facilities to assure that meals prepared are safe and have been in a facility that is operated in accordance with Illinois Food Code regulations. They also review the regulatory inspections of both kitchens from the City of Chicago Health Department and meet with CBM to assure corrective actions are taken for all violations identified.

#### **Monitor's Assessment:**

CBM has and continues to work closely with CCDOC Support Services to identify and resolve issues related to food service. Inmate complaints and grievances are down significantly from previous tours. In interviewing inmates, the most frequently heard complaint is inadequate amount of food and the lack of variety of the foods on the menu. CBM conducts surveys with inmates and test new food options before adding it to the menu.

CBM purchased and are using new self-draining racks to store dinner trays between meals that actually allow the tray to effectively air dry between uses. The reusable trays are only used for the hot meal.

They have developed and implemented documented employee and inmate worker training programs, an internal inspection program, temperature monitoring program, formal staffing plans for employees and detainee workers, weekly cleaning schedules, a number of Standard Operating Procedures, security standard and procedures, inmate kitchen worker orientation checklist, health screening, emergency evacuation plan in compliance with the fire safety committee, emergency contingency plans.

During my assessment of the central kitchen, I noted that all issues identified on Report VII were addressed and resolved to my satisfaction. At the time of my visit, the kitchen was maintained clean, inmate workers were assigned and supervised both for preparing and packaging the next day's lunch and cleaning and disinfecting areas of the kitchen. It should be noted that CBM knows that I will tour the kitchens during the tour. However, CCDOC sanitarian assessments are unannounced and the results meet their expectations.

**Monitor's Recommendations:**

1. Continue to hold inmate meetings regarding food service.
2. Continue to use the CCDOC Sanitarians to conduct at least bi-weekly inspections of both kitchens. Please continue to provide me with copies of the meeting summaries.

**35. Food Service**

b. CCDOC shall ensure that all food service staff, including inmate staff, must be trained in food service operations, safe food handling procedures, and appropriate sanitation.

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

All CBM management employees are Certified Food Safety Managers through the accredited Serv-Safe program and documentation is maintained showing that "Food Manager Certification" certificates that are current. CBM has developed written job descriptions for all employees that include responsibilities and tasks. CBM provides regular training of inmates using a check list that is signed by CBM staff and the inmate kitchen worker demonstrating that they have had food safety training pertaining to their assigned responsibilities. CCDOC Sanitarians developed an inmate training video that addresses health issues and personal hygiene that is shown to all potential inmate workers before they are assigned to work in the kitchens.

**Monitor's Assessment:**

There is no change since the previous report. The State of Illinois requires food service managers to successfully complete a "State" approved food manager certification program. CBM posts the Serv-Safe Food Manager Certification Certificates for those employees who have successfully completed the training in the employee break room. Of the approximately 57 positions shown on their staffing plan, 34 maintain valid Serv-Safe Certification. CBM provided a copy of their employee training matrix which

includes formal training programs for diets, utensils and thermometers, tool control, dish machine operation, work orders security, handling leftovers, food safety, labeling of foods etc. CBM has developed written cleaning procedures for specific equipment and each area of the kitchen including coolers, kettle areas, ovens, ceiling vents, mixers, drains, sinks etc. This is accompanied by cleaning logs that document whether the cleaning has been completed, the frequency for cleaning and a place for the worker's initials and date. It is being used currently in all kitchens.

This provision is currently being met.

**Monitor's Recommendations:**

1. None at this time.

**85. Food Service**

c. CCDOC shall ensure that the Central Kitchen and Division XI kitchen are staffed with a sufficient number of appropriately supervised and trained personnel.

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

There has been no change since the previous report. CBM maintains a staff of 57 full or part time employees with schedules to assure adequate coverage for all meals daily and including weekdays. They have a written food service staffing guide that outlines the starting and ending times for all employees. Their schedules are established to start as early as 2:30AM through 1:00AM depending on whether they are preparing meals for delivery, completing maintenance, sanitation, or receiving supplies. Additionally they utilize approximately 230 detainees scheduled over three six to eight hour shifts just in the central kitchen to work in a variety of food service operations including preparation, filling meal trays, sanitation, warewashing, etc. Division XI inmate workers are assigned to work in that Division's kitchen to prepare and tray only the dinner hot meal. The contractor is responsible for supervising their employees and the inmate workers assigned to the kitchen. CCDOC maintains the responsibility to provide inmate workers as needed. CCDOC also provides security officers for safety supervision of inmates and for tool control. CCDOC provides staff to for transport the prepared meals to all divisions either by transport truck or by carts utilizing the tunnels. Training of kitchen staff for security is provided by CCDOC; training for inmate staff on food safety, preparation and cleanup is provided by the contractor and by CCDOC.

**Monitor's Assessment:**

My assessment including discussions with Support Services Superintendent and the Sanitarians, CBM continues to maintain a qualified, trained and adequate workforce at all times to assure timely preparation and service of meals to detainees. Regular weekly meetings between CCDOC Support Division including the staff sanitarians, security staff, CCDOC management and CBM leadership include

discussions of adequate staffing as needed. As reported in previous reports, CCDOC provides sufficient staff to adequately supervise the safety and security of inmates assigned to work in both kitchens and provide effective tool control.

**Monitor's Recommendations:**

1. None at this time.

**85. Food Service**

D. CCDOC shall ensure that dishes and utensils, food preparation and storage areas, and vehicles and containers used to transport food are appropriately cleaned and sanitized.

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

This provision continues to be in substantial compliance with the consent agreement. Equipment, utensils, and food preparation rooms, floors, walls, are maintained clean through shift and daily cleaning schedules. CBM has developed written cleaning procedures and a cleaning checklist/log for both kitchens along with a daily and weekly cleaning schedule for each room and the equipment in the kitchens such as the meat/packing room, wet room, bakery/packing room, dock, dry storage areas, and the main kitchens. It identifies what is to be cleaned, the frequency and who is responsible for the cleaning. CBM trains, uses, and supervises inmate workers to clean and sanitize all areas identified on the cleaning schedule. Once completed, the supervisor initials the form and the records are maintained and are available for the Sanitarians to review during inspections. The trays used for the hot meal each day are washed and sanitized after the dinner meal and the clean trays are now stored on new racks designed to allow water to drain and the trays to dry between meals. Breakfast and lunch meals are served on single service trays that are collected and disposed. As a result trays are now completely dry when they are filled at each meal.

**Monitor's Assessment:**

Since CBM has been awarded the contract for food service, they have continued to maintain all food service areas, equipment and utensils exceptionally clean. This includes walk-in refrigerators, freezers, dry storage areas, food preparation and assembly rooms, warewashing, carts used to transport food to the divisions and return soiled utensils back to the kitchens. Equipment no longer being used has been removed from the facility and much of the equipment has been refurbished and is maintained in a serviceable condition. Replacing old equipment that can no longer function as intended continues to occur. Both inmate workers and employees understand the expectation for cleanliness and disinfection of surfaces

**Monitor's Recommendations:**

1. CCDOC should continue conducting independent inspections of all food service areas to assure that this provision continues to be met.
2. No further recommendations.

**85. Food Service**

e. CCDOC shall check and record, on a regular basis, the temperatures in the refrigerators, coolers, walk-in refrigerators, the dishwasher water, and all other kitchen equipment with temperature monitors to ensure proper maintenance of food service equipment.

**MARCH, 2014 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

There is no change since the previous visit. The temperature monitoring and recording program in place demonstrates that this provision is currently in substantial compliance. CBM has implemented an effective program to measure, record, and maintain documentation for all refrigerators, freezers, and warewasher equipment. Logs of the temperature measurements are not only reviewed by CBM management, but also provided to the CCDOC Sanitarians weekly. Any required maintenance deemed necessary as a result of monitoring is completed by trained CBM maintenance workers. CCDOC Support Services Sanitarians continue to do independent monitoring of temperatures during their routine during unannounced inspections of both kitchens.

**Monitor's Assessment:**

I reviewed temperature logs for several refrigerators and freezers in the central kitchen during this tour. Time did not allow a visit to the Division XI kitchen which continues to used only for the hot meals served there. The monitoring logs were current, legible and reviewed.

**Monitor's Recommendations:**

1. **None at this time.**